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Setting the Course in a New Year

Another year of strain has passed and its war time accomplishments become the stepping stones for further action in the year ahead. Since the outbreak of war the Canadian Nurses Association has been faced with a succession of problems which have called for united action. As demands for nursing service have steadily increased, new problems have evolved affecting schools of nursing, hospitals, and public health nursing organizations.

While it may be true that there are some members of the nursing profession who are still not sufficiently conscious of nursing conditions and possible consequences, such isolation is not characteristic of the nurses of Canada as a whole. What has been accomplished, is to be credited to many nurses across the continent who have given so generously of their time and effort. They have realized a great responsibility and have accepted a challenge.

The efforts of nurses during this war period, however, may not be greater than what is to be expected of any professional group whose character, preparation and spirit of service prepares them to act intelligently and willingly in any emergency. Indeed, motivated by the desire to help, and the satisfaction in so doing, the hardest task can be accomplished. Dr. Emerson Fosdick, in addressing a graduating class of student nurses took this fact as his theme:

Those in the professions put themselves into their tasks for the joy of it, and for the love and pride of fine workmanship; therefore, may I remind you that the best and the hardest work in the world is done for fun, and it is the people in the professions who have the finest opportunity to work that truth out. An author will sometimes write a pot-boiler for the sake of keeping body and soul together, but that is not his best work. But when the pot is sufficiently boiling so that he can write something for the joy and pride of writing, that is his best work. Take a work like John Bunyan's Pilgrim's Progress. He tells us

that he put his pen to paper with delight: "Nor did I undertake thereby to please my neighbour, no not I. I did it mine own self to gratifie." Exactly! It is a great book and it was written for the fun of it.

A professor, recently proclaiming his love for his work, made this statement: "Harvard University pays me for doing what I would gladly pay for the privilege of doing if I could only afford it." Yes, it is this attitude so finely expressed towards our work that sustains our spirit, our interest, our energy in giving voluntarily of our most and best in a time of crisis. Let this be our New Year pledge. It will not be hard to keep, for already we have become well practised and disciplined.

Nurses have reason to possess some pride in their work, and they need it in these days. Over a period of many years nursing has surmounted many obstructions until at last it has emerged into full view as an essential public service. We recall the words of a colleague: "If ever a period in the history of the world called for the action of educated professional women, it is today; and though we stand in the Twentieth Century, only on the threshold of human understanding, we have tools never before conceived of through which we, as women, might be able to reshape and direct the destiny of mankind. No task or social problem should daunt us in an age that has surpassed all others in creative achievement."

Our Nursing Sisters overseas have gained a reputation which will be remembered for ever. Their stalwart courage and fortitude in a time of peril has proven to the world the *stuff* of which nurses are made. We are very proud of them, and we bow our heads in thankfulness for their safety and welfare. To them all, wherever they may be, we send the best of good wishes.

Nurses in civilian services too are being a credit to their profession. Critical situations in nursing service throughout the country are bringing potential leaders to the front line. Although inexperienced in many instances, they have assumed willingly an over-load of responsibilities, and with a spirit to be commended.

The days of empty beds in hospitals are past, and the supply of nurses is falling far short of nursing demands. Shortage of nursing staff is becoming a serious problem. There are approximately 22,000 nurses in civilian service in Canada, and practically one-half of that number are engaged in bedside nursing in hospitals. We have recognized the need for administrators, supervisors and teachers, and the value of their contributions, but we are realizing more fully that the general nursing group are doing an essential war time service on the home front. Without this group many hospitals would have to close their doors.

The first approach to the stabilization of hospital nursing service throughout Canada must inevitably be through measures which will provide greater satisfactions and security for the general nursing staff. Private duty nurses are being asked to join with them in order to combat shortage of nursing service in the hospital wards. They have responded well, but it is reasonable to assume that they expect equal returns by way of hours on duty and remuneration. The Canadian Nurses Association has declared its responsibility for this essential and majority group within its organization.

A feeling of fellowship and good team-work should characterize all professions, and members of the nursing profession are gradually seeing themselves not as *above* or *below* in ascending the ladder of hierarchy, but as a group of women, each possessing special abilities through preparation and experience — all "hitched" together — the more experienced in the lead, pulling the load to the top of the hill. It would seem that the hardest pulling is now being

done by the general nursing group. Their services are recognized, and their needs should be safeguarded.

The quality of nursing at all times depends upon adequacy of nursing personnel and upon educational standards which control preparation. Because of pressure of war conditions, compromises are being considered. Educational principles and practices may need to be changed to meet demands of nursing service. Those who attended the recent meeting of the Executive Committee of the Canadian Nurses Association were called to make difficult decisions on behalf of their provincial associations. It seems needless to point out that the responsibility was great. It demanded on the part of all participants insight and foresight, prudence as well as courage, and a determination on the part of the group to support decisions made and to face the consequences.

In most instances, the recommendations which were approved related to measures which will be implemented in the several provinces. The business of the meeting evidenced the fact that, in an acute period of change, provincial associations must assume increasing responsibility for their own nursing affairs, while National Headquarters serves as a centralizing, advisory, co-ordinating and promoting agency in supporting nine provincial associations who possess their own autonomy.

Particular thought and attention has always been given to the appointment of suitable officers to the Executive Committee of the Canadian Nurses Association, and rightly so. But it is equally important, as one looks ahead, that officers of provincial associations be well informed and able. Young members, who show potential qualities of leadership, should be recognized and brought along through active participation in the work of committees, thus developing their interest and initiative, and through contact with nursing affairs becoming prepared to fill positions of provincial leadership. It is indeed very necessary that nurses be selected and groomed for paid or voluntary positions in organization work at this time. The period of rehabilitation and reconstruction which is to come will demand strong leadership in nursing and we must begin now to prepare the younger members to take hold.

However, provincial associations are off to a good start. They are preparing to study the plan of health insurance. Its policies and organization must be well understood if nurses are to play their full part in such a scheme. In this issue of the *Journal*, our National Adviser gives an excellent summary of the proposed Health Bill and answers some pertinent questions concerning its relationship to nurses and nursing. The preparation of the auxiliary worker has its specific implications and must be dealt with provincially. Adjustments in the educational programme in schools of nursing cannot be regularized on a national basis, but must also be adjusted in relation to provincial standards and existing facilities. These are but a few of the pressing problems for which each provincial association must assume responsibility.

While emphasis has been placed upon the importance of strong provincial organization, we do not lose sight of the strengthening and stabilizing forces in our national association which are exercised through the three National Sections. Each section sponsors and supports special activities relating to the three fields of nursing service. Through a planned programme for each biennium, problems are selected and studied, the results of which should be of definite value to all provincial associations.

The Committee on Education, as a standing national body, is responsible for general educational policies. It has supplied the provincial associations with various types of information and docu-

ments which have served to standardize, promote and unify educational practices. The latest and much needed study, the results of which have been made available, relates to proposed standards for post-graduate experience in clinical fields. Administrators who are offering post-graduate clinical courses at last have a list of standards which have been agreed upon by the Canadian Nurses Association and which should be of great assistance in correcting the weaknesses of post-graduate work in differentiation of purpose and experience from that of student nurses. A study of registered nurse examinations is nearing completion, and the provincial associations are waiting anxiously for the recommendations.

The contacts which representatives of the Canadian Nurses Association have made with Government departments, and the part that many members are taking in community affairs, should develop an awareness and responsibility on the part of the public for the support of "an essential health service." When that time comes we must be prepared to fill a much greater role in community life. Nurses themselves are very critical of nurses and nursing, and one wonders from the point of view of professional growth and expansion of service whether we are sufficiently understanding and tolerant among ourselves. Possibly our anxiety to win the confidence of the public, and to provide a service which will be more acceptable, have made us very watchful of one another — perhaps it is good for us? There are, however, many who have faith in us. From a public platform nurses were addressed in the following terms: "Be as good as all the people think you to be, for many have faith in you."

The President of the University of Chicago, in addressing a recent nurses' convention, paid the following tribute:

> A sound character and trained intelligence — these possessions have value in any time or place. They will remain with you through any economic or social change. They will keep you free; they are possessions through which you can help your country and the world to that freedom which is the destiny of all mankind.

May the New Year confirm the truth of these words.

MARION LINDEBURGH
President
Canadian Nurses Association

American Nurses Plan to meet Post-war Problems

The duration of the war and six months thereafter was agreed upon at a recent meeting of the American National Nursing Council for War Service, as the basis for planning future activities in the co-ordination of war-time nursing problems. Help to each country in helping itself, and co-operation with local authorities are set forth by the Committee on Foreign Post-War Planning in a report made to the National Nursing Council for War Service at its November meeting, as basic principles for the administration of relief and rehabilitation abroad. Personnel selected for work abroad should be prepared for both nursing education and public health work, the committee recommended, and should be women with maturity of judgment, emotional stability and ability to adjust readily to new and different customs. Among the functions of the committee are these: to take cognizance of the changing role of nurses and auxiliary

personnel in the post-war period; to stimulate national planning for better distribution of nursing service and nursing education, and for the development of uniform minimum personnel policies; to act as a clearing house for post-war nursing programmes as they develop and to collect and distribute information about them; to co-operate with other professions and agencies having related functions.

Estimates from the most reliable sources are to be sought on such subjects as the number of nurses likely to need employment as a result of post-war redistribution, whether from the Army or Navy, from industry, or from among recent graduates; the number of jobs available; plans for expansion of hospitals, public health, nursing education; industrial service, or private duty, likely to absorb numbers of nurses; the possibility of better distribution of nurses to parts of the country and to specialized fields most in need of them. Vocational guidance and placement should be stimulated and provision made for post-graduate education.

Penicillin

ALICE WHITESIDE GRAY, M. D.

The discovery of the therapeutic powers of penicillin has caught the imagination of everyone. It is amazing to think that a mould, commonly found on bread, cheese, preserves and other food stuffs, can produce a substance that cures certain diseases caused by germs. Moulds are often considered as destructive agents but in this case we have just the opposite effect: a mould producing a medicine or drug. Bacteria and moulds are in many respects miniature chemical factories. This one particular mould is unique in that it can build up a complex chemical substance in the process of its growth which can kill bacteria and yet is not poisonous. You may wonder why this fact remained undiscovered for so many years. Chance played a great part in the discovery and I think you will find the story behind the discovery of penicillin quite fascinating.

In 1929, Alexander Fleming, a bacteriologist at St. Mary's Hospital, London, England, examined some culture plates on which staphylococci were growing. As sometimes happens, even in the best laboratories, microbes that are in the air contaminate bacterial cultures. Fleming noticed that this had happened to one of the culture plates and that a green mould was growing on it. This was chance! But what happened next was not chance—it was careful observation. He noticed that in a small area surrounding the mould there were no longer any staphylococci. This was an observation that might have been missed by many bacteriologists. To Fleming, however, the most logical explanation was that the mould produced something that destroyed staphylococci. Instead of discarding the culture plate and thinking only of this observation as being interesting he saved and studied the mould. His first experiment was to grow the mould by itself on culture fluids used in the laboratory. He found that after ten days a substance was present in the fluid beneath the mould that stopped certain bacteria from growing and he showed that the substance acted independently from the mould. This substance he called penicillin because the family name of the mould was Penicillium. In further experiments Fleming demonstrated penicillin to be active against streptococci, pneumococci, and other organisms commonly found in the throat as well as against staphylococci.

He suggested that this mould would be useful to bacteriologists who were trying to isolate the bacillus of influenza which at that time some people thought might be the cause of the influenza epidemic. Many bacteriologists (including Dr. P. H. Greey) obtained cultures from Fleming at this time and used it as a means of isolating *Bacillus influenzae* from throat cultures.

Fleming's next problem was to try to extract and concentrate the active principle. He found that there were such minute amounts of it present in the small quantities of culture fluid which he was producing that the difficulties were enormous. He realized that the mould would have to be grown on a large scale to procure any appreciable amount of the active material. These difficulties seemed insurmountable to him at the time as it was a question to him whether it would be a worth while venture, but Fleming did suggest the possibility that the substance might prove useful in the treatment of human infections.

However, no progress was made for another ten years. Then in 1939 at Oxford University, Florey's chemist associates found a method whereby the active chemical substance which Fleming had called penicillin could be extracted and concentrated to many times the strength present in the original culture fluid. Then using this purified material Florey confirmed Fleming's observations in the test tube and proved the correctness of the possibility which Fleming had suggested, namely, that the drug was useful in human infections. In fact I am sure the usefulness of the drug has gone much beyond Fleming's expectations. The discovery of penicillin is, therefore, a British discovery. The credit for the original chance observation goes to Fleming, but to Florey and his collaborators goes the credit for the brilliant research that has made the drug available in the treatment of humans. It is startling to realize that it was just three years ago in the Radcliffe Infirmary at Oxford that the first human received penicillin.

Florey's first publication aroused interest throughout the world and the result has been a rapid development of methods of large scale production. Plans are being made in England, the United States, and in Canada also to produce enormous quantities. The timeliness of the discovery is striking, as the use of the drug in war wounds will be enormous. It was shortly after Florey's first article appeared that the problem was explored at the Banting Institute under the direction of Dr. Philip Greey. Then as the experiment developed the assistance of chemists was necessary, and Dr. C. C. Lucas and later Dr. S. F. MacDonald joined the group. The project developed under the auspices of the National Research Council. At the present time a limited amount of penicillin is being produced in our pilot plant.

Production of Penicillin: In the commercial production of penicillin tremendous obstacles had to be overcome. While penicillin is active against certain bacteria it has no effect on others, in fact some even destroy it. Consequently the mould culture must be sterile and protected from bacterial contaminants. This means that open vats, such as those employed in the brewing industry, cannot be used. Processes for production of penicillin are much more complicated than that. Various types of containers were used in our early experiments. We tried various sizes of flasks and bottles. An enamel pan which holds about 3½ litres was finally adopted. These pans must be fitted with a lid and further protected from bacterial contamination by layers of absorbent cotton held in place with cheese cloth.

As the penicillin finally developed by the mould is built up from chemicals such as carbohydrates and inorganic salts, present in the culture fluid, it

would seem logical that if more of the right salts were supplied to the mould it would be capable of producing more of the active material. Many experiments along these lines have been conducted in our laboratory and elsewhere. A contribution of great value has been made by the United States Department of Agriculture Laboratory in Peoria, Ill. They found that the addition of water-soluble substances from corn greatly increased the amount of penicillin produced by the mould.

This material which normally is a by-product of the corn starch industry is known to trade as corn steep liquor. In spite of the name it is non-alcoholic. The addition of this material to the culture fluid produces a great increase in the amount of penicillin formed and also causes very marked wrinkling of the mould felt. Without corn steep, the felt is flat and smooth. This discovery meant that for each ounce of culture fluid in the container 10 times more penicillin is produced than without corn steep.

Another of the difficulties of mass production is that the culture fluid or medium cannot be of too great depth. The actual depth of fluid in the containers was not very great and, as a result, it requires a large number of containers to produce any quantity of the drug. The culture fluid is put into the sterile pan and seeded with spores of the mould. Two or three days after the medium has been inoculated, surface growth is visible as tiny white islands. These join to form a thin veil. By the fourth or fifth day the felt is a little thicker and shows traces of bluish green colour. The whole surface soon becomes covered with a continuous dark greenish layer of growth. Several days later tiny yellow droplets appear on the surface of the felt. About 10 to 12 days are allowed to elapse before the crop is harvested. The temperature is maintained constantly at 71-73°F.

When the proper time has elapsed the covers are removed from the pans and the contents, fluid and felt, are strained through cheese cloth. The mould is thrown away, the fluid is turned over to our chemical associates who extract and purify the penicillin. Some idea of the magnitude of the operation is gathered from the fact that 45,000 cubic centimeters of culture fluid are required to yield enough penicillin to treat one case.

While problems associated with culturing the mould seem difficult those connected with the chemical processing of the fluid are equally involved. Penicillin is extremely unstable during the processes of extraction. The drug is removed from the watery culture fluid by an organic solvent usually amyl acetate or chloroform. Penicillin will go over into the solvent only when the culture fluid is made very acid. Unfortunately acids destroy penicillin in a matter of seconds. By keeping the fluids just at the freezing point the rate of decomposition is slowed down slightly. If the fluid is acidified while ice-cold and mixed quickly with the solvent, 80-90% of the penicillin may be taken into the solvent. Other chemical steps are required to remove the impurities and then the penicillin is dissolved again in water as the sodium salt. This procedure concentrates the active principle about 500 times. The final solution is filtered to remove germs which may have gained access during the chemical procedure. It is then dispensed in glass ampoules, frozen and dried with a high vacuum. This results in a fluffy brownish gold powder.

Clinical Use: Before administration to the patient, sterile saline or water is added and the resulting amber solution is given. You should note that even the powder in the ampoule is none too stable and must be stored in the refrigerator. Penicillin is absorbed most rapidly when given intravenously. Such an injection

results in an initial high concentration in the blood, which falls very rapidly. For this reason the drug must be given every two or three hours to maintain sufficiently high levels in the blood stream. About 70% of the drug given to patients intravenously has been found to reappear in the urine and actually has been recovered for further use. Because of the preferred method of administration, penicillin is a drug which will most likely be given only in hospitals for some time to come and only to the critically ill.

If the difficulties of running a continuous intravenous become too great the intramuscular route may be used. Here absorption is slower and there may be danger of abscess formation. This method of administration causes more discomfort to the patient. Penicillin can be applied directly to a lesion as a topical dressing; the results of such use in burns in England have been encouraging. Oral administration is not feasible because of the destruction of the penicillin by the acidity of the gastric juice before it can be absorbed and do any good.

When a new drug is discovered clinicians are greatly interested in its effectiveness but they are also equally interested in the toxic results. It is important to know just how close is the curative dose to a dangerous dose. In a series of 500 cases no serious systemic reactions were noted. In one laboratory experiment, 2000 times the needed dose had no harmful effects on the white blood cells. No untoward results have been recorded even in patients who have considerable kidney damage. In fact, due to slower excretion in these patients, a higher blood concentration can be maintained so the presence of kidney damage is not a contra-indication to the use of penicillin. As a matter of fact it may work to the patient's advantage. Toxic symptoms such as nausea and vomiting which are such distressing complications in the use of sulphonamides are totally absent in the use of penicillin.

Penicillin is useful in a wide variety of conditions. Its great clinical imporance lies in the fact that *Staphylococcus aureus*, an organism which responds only poorly if at all to the sulfa drugs, is readily combatted by this amazing new chemical substance. Penicillin offers new hope to patients suffering from osteomyelitis, staphylococcal empyema and other chronic and eventually fatal staphylococcal infections. Pneumococci, haemolytic streptococci, meningococci and gonococci are very susceptible to penicillin.

The other field of use is against strains of bacteria which have become sulphonamide-resistant. However penicillin is not a cure-all since it is inactive against all the Gram-negative bacilli such as those of typhoid fever and dysentery. It has no effect on virus infections or on tuberculosis. It is important to remember that penicillin will not replace the sulphonamides, partly because of the difficulties of administration. We have no penicillin pills which can be administered in the patient's home. Penicillin will most often be given intravenously thus necessitating hospital care and supervision.

May I illustrate the misunderstanding that can arise when glowing reports are printed in the newspapers. A few weeks ago there was an account of an airman whose sight was preserved by the use of penicillin. The infecting organism was one which responds well to penicillin but the condition was comparatively rare. The newspaper account did not mention infection and gave rise to false hopes to many people. Since that time we have been showered with requests for penicillin to cure blindness from every conceivable cause. Not one request has been from a patient with a disease which in any way could be helped by penicillin.

The future for penicillin now seems

very bright. The part that this miracle drug will play as a war weapon is heartening. It is hoped that penicillin will be of benefit to those soldiers both with severe and chronic wound infections and that it will reduce considerably the mortality and the morbidity rates in casualties. Burns are another major problem of war and the prevention of infections in the burned area is important. Penicillin was used following the Cocoanut Grove fire in Boston and none of the patients treated died of staphylococcal infection. In England they have been using penicillin both intravenously and locally in burn cases with very encouraging results. Because of the small amounts available up to the present time penicillin probably still has vast unexplored possibilities in its clinical use.

It is necessary that at the present time penicillin for civilian use be restricted to the treatment of cases of proven staphylococcal septicaemia. Plans are at present under way for large scale production in Canada of penicillin and it is hoped that in the not too distant future larger supplies will be available for use in the civilian population.

And so the conquest of disease and suffering has been moved forward a step with the help of a miracle drug made from a common mould.

Author's Note: Canadian nurses will be proud to know that the early developmental work on large scale production in Canada was in part made possible by the willing co-operation of the nurses in the surgical supply room of the Toronto General Hospital. These nurses voluntarily agreed to undertake the responsibility of seeing that the culture pans and the large volumes of culture fluid were properly sterilized. The workers on penicillin in Toronto are very grateful to the Toronto General Hospital for placing at their disposal the large sterilizing facilities and equipment of the hospital.

Courage and Discipline

Delayed dispatches bring further news concerning the gallant behaviour of R.C.A.M.C. Nursing Sisters when their troop ship was torpedoed and sunk by enemy action in the Mediterranean. The attack came so suddenly that they had no time to pick up their belongings but they obeyed the order to abandon ship as coolly as though it were a simple drill exercise. The fifty-foot climb from the lifeboats up the scramble net, lowered from the deck of a destroyer, proved to be a rather severe ordeal but they tackled it with a will.

A full list of the names of these brave women is not available for publication in the *Journal* but, through their Principal Matron, Major Blanche Herman, we want to tell every single one of them that Canadian nurses are mighty proud of them.

Canadian Army Photo

A Book for the Times

There has perhaps never been a time when the nursing profession so urgently needed what Isabel Maitland Stewart has now given us in her book, "The Education of Nurses". Nursing is indeed at the cross-roads and Miss Stewart has set up sign-posts so that all who run may read. We shall do well to pause long enough to read this illuminating book. It may help us to take the right turning.

The purpose of the book is clearly set forth in the preface and deserves careful examination because it serves to interpret the entire text. Miss Stewart tells us that while her book is designed primarily for the use of students in the field of nursing education, it can also be profitably used for the orientation of non-nursing groups who are interested in nursing education and aware of their responsibility to it. Such groups would naturally include physicians, boards of directors of hospitals and public health organizations, social service agencies, university authorities and government officials.

The selection of the subject matter has been skilfully accomplished with this broad purpose in mind. The introductory chapters afford historical background by telling the story of the pre-Nightingale era as well as dealing with the Nightingale system itself and with its establishment in the United States. Subsequent chapters are devoted to a masterly analysis of the struggle made by nurses themselves to control and improve educational standards by and through nursing organizations — a gallant record, full of shining names. This leads naturally into a review of the various surveys of nursing education and it is gratifying to find our own Canadian survey among them. This particular chapter proves that nurses have certainly shown complete willingness to invite and to profit by criticism.

Chapter Six demonstrates the impact of the economic crisis on nursing and points out some of the consequences that are likely to follow the entrance of practical nurses into what was once considered to be the professional field. Extended reference is made to the work of the Committee on the Grading of Nursing Schools and the important part it played in moving toward fundamental adjustments. The concluding chapters are the most challenging of all because they are concerned with future trends. Miss Stewart considers that the development of leadership is of paramount importance because nurses will have to live and work in a dynamic world in which the pace of life will be much more rapid — a world in which the present political and economic structure will be profoundly changed.

The concluding paragraphs of this remarkable book embody a profession of faith which is worthy of the allegiance of us all:

> Bigger issues challenge nurses today than those in their own field, important as these are. Greater causes command the loyalty of all good citizens of the world. We must have a sense of proportion and try to see the relationships of our work to the whole. We need to stretch our minds and sympathies, to get rid of obstructive and negativistic ways of thinking, to overcome the timid herd-minded attitude that thinks only of its own crowd, that brands the critic of traditional ways as a heretic, and is afraid to be different. All of us need to train and discipline our minds for new tasks and to prepare ourselves so we may share helpfully in the work that has to be done within our own profession and out of it.

We in Canada still think of Isabel Maitland Stewart as "one of ours". We are proud that she, more than any other

woman of her generation, has striven to keep the lamp of nursing education burning with a steadfast and unquenchable flame. "The Education of Nurses" is the essence of her creative thinking and, during the difficult days to come, will shed its light on the steep path that lies ahead of us. —F. J.

Editor's Note: "The Education of Nurses" by Isabel M. Stewart is published by The Macmillan Company of Canada Limited, 70 Bond Street, Toronto. Price $3.50.

With the Free French

NANCY WRIGHT SMITH

I have just returned from three years' active service in the Hadfield Spears Hospital, an English mobile surgical unit attached to the French Army. After the fall of France we joined General de Gaulle as his first Free French Hospital and worked in England, Palestine, Syria and the Western Desert. The personnel of the unit was interesting: six English nurses, a Polish nurse, and myself an Australian, English women drivers, Quaker orderlies, French doctors and other medical staff.

We were completely mobile, carrying tents, operating theatre, x-ray plant and one hundred hospital beds on lorries, and we made a point of packing and unpacking in the shortest possible time. Free French battalions went to the desert early this year and our unit was sent with them as an advanced hospital. Up to that time women had not been allowed further west than Alexandria, so we created a mild stir in a male world. It was winter time and very cold, and there were no laundry facilities, so we wore soldiers' battle dress instead of nurses' uniform. In convoy, it was convenient to sleep in one's clothes; battle dress looks none the worse in the morning.

We were in Libya when Helfaya Pass surrendered to the British from shortage of supplies. Recaptured prisoners told us they had been living on a biscuit and half a sardine per day. A lot of the men were put straight into Tobruk Hospital to recover. During the siege a German officer had his arm almost blown off by a shell; a Tommy prisoner finished the amputation with his jack-knife and was rewarded with a half packet of cigarettes — a priceless gift in the besieged fortress. In private life the Tommy was a poultry-farmer; he told me the tale himself.

We arrived in Tobruk one evening after a long, slow, dusty trip. The British there had been told to allot a camp site for a small French unit, and they were rather astonished to see girls dumping their sleeping bags off the truck. From Tobruk our unit split into two sections. The smaller revolved round a specially mobile operating theatre which we had brought down from Syria. Equipment was fitted into two lorries which could be run together and ready for work in ten minutes. We christened them "The Strolling Theatre", and within the next five months it amply justified its name, strolling to Gazala, Mekili, El Asragh and finally to Bir Hacheim.

English authority did not approve of women personnel any nearer the danger zone, but the French colonel persuaded them to let me come as theatre sister with a French nurse to run the admission tent. She had lost her home in the fall of France and had been nursing in West Africa and Eritrea. We

took a minimum of medical staff, a few good orderlies, and some Senegalese, two water carts, a staff car and a few trucks. At El Asragh we lost an orderly in an air raid. He got out of his ambulance into a slit trench and took a direct hit. A straggly little procession of four nationalities buried our comrade and I laid a bunch of desert anemones, brought me from a distant wadi, beside the little wooden cross.

It was not long before we were ordered to Bir Hacheim, fifty miles southwest of Tobruk. Desert tracks are appalling, and our convoy of twelve vehicles took a short cut through a British airfield near Acroma. The planes were well dispersed, and when we were right in the middle of the field a flight of Messerchmidts swooped over to shoot it up. The ack-ack guns got busy, our cars stopped, we grabbed a tin hat each and ran for the open. No one was hit that time.

Bir Hacheim was to be our home for the next three months. It was a perfectly flat stretch of desert surrounded by a wide minefield with two entrance gaps for legitimate traffic. General Koeing commanded his Foreign Legionaires there as well as French Marines, French and British artillery, a Pacific regiment and some West African troops.

It was necessary to disperse and dig in all vehicles to make them look as much like the lack of land-scape as possible. The tiniest bump serves as a landmark to the enemy in this type of country. Senegalese, Chads, or Cameroon troops did the heaviest digging, but I filled the sandbags for my own dugout. Only 6 feet square and 5 feet deep, it seemed to take an endless number. Summer brought sandstorms which often blew for days. The wind is terrific and it is impossible to see for more than a few yards. I had to hold the flap of my little tent down for two hours one evening to stop it from blowing over my head. There was a foot of sand blocking the entrance in the morning and a live scorpion on the floor.

We were too close to the guns to display our Red Cross, and it took a few days to have a hole dug big enough to run the strolling theatre into. Foreign Legionaires helped the black troops, but enemy planes got inquisitive and blitzed us twice a day until it was dug in with 2,000 sandbags banked around for protection and string netting over the top for camouflage. In the meantime we used it out in the open. We carried a good supply of surgical material, but unfortunately the pressure gauge of the steam sterilizer broke coming over the rough roads. A lorry was dispatched to Tobruk and a lucky search amongst supplies there brought forth a new one.

The wounded came from a front anything from ten to fifty miles away and casualties from air attacks happened within and around the camp. A Senegalese in charge of a truck of stores was sheltering from a raid when he saw a foolhardy soldier pinching a tin of milk. He ran out to rescue it and got hit by a piece of shell. His leg was so badly shattered that it had to be amputated, which was not much reward for his faithfulness. A lot of foot and leg wounds were caused by men inadvertently driving on to the edge of a minefield. We used plaster of Paris where practicable after operation, and it greatly facilitated subsequent transport. One lad had so many parts of him done up in plaster that he wouldn't fit into a regulation ambulance. The American Field Service camp twenty miles away owned an extra large Australian model, so that was sent for and the patient got away in safety and comfort. The American Field Service did practically all our ambulance work, going out with patrols (or Jack Campbell columns, as they were called) collecting wounded and finding their way back by compass. One driver was attacked from the air and seriously wounded in the back. The

ambulance was riddled with bullets. Fortunately, a lad driving with him was unhurt and he did what he could and then walked miles back along the track for help. This boy of twenty-one was killed in his own ambulance at the Battle of Bir Hacheim two months later.

Another lad travelling at night with a desperately ill man on board had only eleven miles to go and completely lost his bearings. He left his engine running and got out to investigate the track, but walked out of earshot of the motor. By good luck he came upon some Tommies, who all joined in the search. The wounded man did not know he had been left and was delivered to us, operated on, and on the way to Tobruk by next morning. Blackout was very strict and our scattered holes in the ground were likely to be overlooked by vehicles travelling at night. A gun carrier lost his way and stopped only a yard short of mine once. A soldier not so lucky was run over by a truck and sustained abdominal injuries. After operation and repeated blood transfusions we nursed him through his delirium and got him to base as soon as possible. A month later I heard he was on his way to recovery.

Patients are all operated on in their dirty, dusty clothing; cleaning and preparation only add to their state of shock. They are given blood transfusions and put straight on to the operating table. We had a very able surgeon; it takes courage and experience to know when to sacrifice a limb to save life, and when to risk the extra time needed to repair shattered tissues.

The Foreign Legion are tough soldiers, but they all reverence their delightful and truly Christian Padre, Pere Heilaman. We were always glad to invite him to tea and hear his cheerful stories. The Legion also possessed a small brass band which played around the camp on Sunday afternoons, war permitting, preceded by a pet Arab sheep, complete with bow tie, until its owners decided to vary their diet of bully beef with lamb chops, and the band henceforth played without a mascot.

Water was a serious problem; every drop had to be carted many miles. We had a quart a day for drinking and washing purposes, so no one was very clean. I did not have a bath for over four months. One of the Senegalese complained of body itch; I gave him a small bottle of methylated spirit, which he pronounced a good cure; so I tried a little in my own cupful of washing water and found it very refreshing. We were allowed a special laundry ration for surgical needs. We observed the same strict rules of asepsis as in peacetime surgery, even when sand was sterilized along with the instruments, and results were very gratifying.

An unexpected visitor was a twenty-two-year-old R.A.F. pilot who had run out of benzine and landed innocently on the minefield. French soldiers yelled warning; he came down safely, and they very gingerly helped him tie ropes to his Hurricane and pulled it off. He refuelled and flew away none the worse for a narrow escape.

Our unit was due to change location in May, but our relief did not arrive until the 23rd, Rommel's Army was progressing towards Bir Hacheim by that time, so we lent our precious mobile theatre to our successors, who were an all-male staff. We had only been gone three days when the battle started there, and we were very disappointed at having missed the excitement after doing all the spade work for three months.

The strolling theatre got a direct hit towards the end of the battle and was left with other lumps of wreckage to be buried by the shifting sands.

Editor's Note: This article originally appeared in the Australasian Nurses' Journal by courtesy of the Australian Broadcasting Commission.

Some Questions about Health Insurance

Why is health insurance necessary?

Thirty-two different groups, some of them with widely divergent views, appeared in Ottawa before the Social Security Committee. The one point of common agreement that existed between all these groups was the absolute necessity for some plan for health insurance.

Authorities tell us that health experts disclose very inadequate health services in many fields. These include those of tuberculosis, venereal disease, maternity and infant welfare and mental disease. It is true that 6,000 people still die yearly in Canada from tuberculosis; that mental illness now claims 51,000 patients and that there is a shortage of 10,000 beds to meet the needs of these patients alone. According to the Department of Statistics, out of 112,803 deaths reported in Canada in 1942, 13,643 were caused by cancer. It is estimated that approximately 35% of these patients might have been cured if early diagnosis and appropriate treatment had been possible. Figures that are far too high are also quoted regarding the incidence of venereal disease and the mortality rate due to lack of pre-natal and post-natal care. These are some of the reasons why the people of Canada are asking for health insurance.

What is the difference between health insurance and state medicine?

State medicine is a plan whereby medical and possibly some health services, are provided for the entire population by the State. All practitioners are employed, paid and directed by the State.

Health insurance is based on a co-operative plan whereby the cost and responsibility of direction is shared more directly between the State and those participating. Payments are made into a common fund from which benefits are distributed. Under the health insurance plan as outlined by the federal government, it is proposed that federal and provincial governments, and probably both employer and employee, will contribute. Health insurance affords more opportunity for choice on the part of both the patient and the physician.

Does the proposed health insurance Bill provide for both curative and preventive measures?

Health insurance is only part of a social security programme. If health insurance is to accomplish anything it must be supported by adequate provision for housing, unemployment insurance, old age, education regarding improved nutrition and other health measures. In addition to making due provision for all those who are ill, the proposed Bill makes the following recommendations:

1. That grants be made for improved pre-natal and post-natal care;
2. That full medical, dental and nursing care be afforded to all children under five years of age, and that special provision be made for all children suffering from heart ailments or crippled by infantile paralysis;
3. That provision be made for the free treatment of persons suffering from tuberculosis or mental diseases;
4. That grants be made for the prevention and cure of venereal disease.
5. That the provinces shall receive federal assistance for research work as to the cause of various sporadic epidemics that may appear from time to time, such as bubonic plague, Rocky Mountain fever and other diseases.
6. That young people be financially

assisted to prepare themselves for work in the public health field.

What are some of the principal items included in the proposed plan?

Tentative drafts have been made which might serve as models for two Acts, one of which is federal, the other provincial.

The amount to be contributed by each individual will probably be determined by the respective provinces, although the federal government has suggested that a basic sum of $26 shall be paid each year by all persons who have attained the age of 16 years or over. It is suggested that the provincial government will make contributions on behalf of those who cannot pay for themselves. As already mentioned, contributions to the fund will probably be made from both employer and employee.

Under the proposed scheme it is proposed that the benefits will include medical, dental, pharmaceutical, hospital and nursing services. These services may be obtained in the home, in the hospital, and in the offices of the various types of practitioners. The proposed plan suggests much greater demands for hospitalization; this and many other problems will have to be worked out.

To what extent will the provinces participate?

Federal grants will be made to provincial governments on condition that provincial enactments meet certain standards set forth in the Enabling Bill which deals broadly with general policies. The details of administration, which will differ somewhat in each province, will be a provincial responsibility. Nurses should be prepared to make definite recommendations regarding those which are related to nursing service.

How far can we visualize the type of control that will be exercised?

It is proposed that there shall be a National Council of Health Insurance and a commission in each province, including a salaried chairman who is to be a qualified medical man and chief executive. The provincial health officer, or deputy minister of health, will be a member of the commission ex officio. Furthermore, there will be representatives of other groups deemed appropriate including medical and dental practitioners, pharmaceutists, hospital administrators, nurses, insured persons, workers in industry and employers. For administrative purposes, a province will be divided into regions and divisions with regional boards and committees to ensure that health services will reach all who need them.

What are some of the things about which nurses should be concerning themselves at the present time?

Every nurse should have an intelligent understanding of the general plan now under discussion. Under the caption of *Notes from National Office*, suggestions are given in this issue of the *Journal* regarding references which may be used in carrying on this study. In addition, there are many questions that nurses should be prepared to answer. It would seem that each of the three Sections of the Canadian Nurses Association might well be asked to participate in studies related to their own groups, so that national guidance may be given, even though adjustments will have to be made to meet the particular situations and needs that exist in each province. The chairman of the Advisory Committee on Health Insurance, Department of Pensions and National Health, has stated:

When the Health Bill has been passed and the provinces decide to implement it, the first thing which will be done will be to make a survey of facilities, and the second, of needs. The next step will be to approach the professional associations which will sup-

ply service and ask that each name a committee to work with provincial authorities and plan the set-up of its particular service under health insurance.

Are nurses ready to do this?

Through the Survey of Nursing, and the National Registration of Nurses, some information regarding nursing facilities will be available. This will have to be brought up to date. It is understood that each provincial association already has appointed a committee which is carrying on a study of health insurance. It is also recommended that provincial associations seek legal advice in the interpretation of the Bill and assist by holding a "watching brief" for any developments that may take place. Provincial associations should be prepared to submit such a brief at short notice, stating the part they feel nurses should play in any health insurance plan.

It is also urged that provincial associations be ready to make recommendations regarding nurses who will act (a) in an advisory capacity on the Provincial Councils of Health Insurance, and (b) as provincial directors of nursing. Before this can be done it will be necessary to determine the qualifications and preparation that these nurses should have.

What are some of the questions that nurses must be prepared to answer?

It has been suggested that one question of major importance is the definition of "adequate nursing". It is suggested that the provincial sections (general nursing, public health, hospitals and schools of nursing) might well define this term as it relates to the special type of nursing which they represent.

What about the private duty nurse?

The chairman of the General Nursing Section, who is a member of the National Health Insurance Committee, has suggested that private duty nurses should be making studies that will enable them to recommend:

The methods under which private duty nurses should be employed under a health insurance plan on a salary or fee basis;

The provision that should be made for special nursing care in hospitals and in homes;

The facilities that should be made available to the public, the hospital, the physician and the nurse in obtaining and providing special nursing care;

The necessary regulations regarding salaries, hours of duty, and placements;

The provision for educational programmes and other factors that have a bearing on this type of nursing.

Similar studies may well be made by the other sections and special groups working in co-operation with the provincial committees on health insurance. This is only one of many suggestions. Others will follow later.

Why does the public need to be kept informed?

In the November, 1943, issue of "Public Health Nursing" there is an article by Dean A. Clark, M. D., entitled "Broadening the base of community participation in public health". The following paragraphs are quoted from the text:

Public representation in the planning and distribution of diagnostic and curative services which are so peculiarly services to individuals rather than to the mass is urgently needed, if the entrance of government into these new fields is to achieve satisfactory results. For, although the technical problem of delivering health services of all kinds is professional in character and should be guided by persons of professional training, the distribution of these services is a public problem, dependent not only upon professional techniques, but upon general social, economic, and psychological factors over which the health professions have little or no control. Ultimately, only the public can determine how and to what extent these general

factors should be modified — so that it will be the public which will decide, in the long run, how and how far government should go in aiding to distribute diagnostic and curative health services.

What all of this means, of course, is that now, more than ever, we should make every effort to initiate and foster the fullest community participation in public health services, so that we can learn what the community needs and wants with regard to medical care, and so that the community can learn something about the technical and professional problems involved. Only through such joint action can we hope for real progress in this most widely discussed and rapidly expanding field.

This statement is true, but it is also true that the responsibility of interpreting to the public the significance of these services rests with the health groups who alone fully understand their importance and the need for them.

KATHLEEN W. ELLIS
National Adviser
Canadian Nurses Association

A Tribute to Alice Ahern

The nursing service of the Metropolitan Life Insurance Company in Canada has sustained a grievous loss in the untimely death of its director, Alice Ahern. Born and educated in the province of Quebec, Miss Ahern received her professional training in the School of Nursing of St. Mary's Hospital, Brooklyn. While serving as a member of the nursing staff of the Maternity Centre in New York, she was loaned to the Metropolitan Life Insurance Company to conduct a demonstration of infant welfare in Thetford Mines, Quebec. This proved to be such a success that in 1924 the Company appointed Miss Ahern as the head of its nursing service in Canada.

Miss Ahern was active in organizing the course in public health nursing now firmly established in the University of Montreal and it was only last summer that she was awarded the honourary degree of Doctor of Public Health in recognition of her outstanding achievement. She took an active part in the work of various organizations and, at the time of her death, was chairman of the health insurance committee of the Canadian Nurses Association.

Miss Ahern was held in great affection and respect by the nursing staff of the Metropolitan Life Insurance Company and the following moving and sincere tribute has been paid to her by Miss Emma Rocque, the Company's local field supervisor for the Province of Quebec:

Photo by Karsh, Ottawa
ALICE AHERN

The death of Alice Ahern has brought to a close a life which was devoted unselfishly to the call of duty. The energy and steady purpose, with which Miss Ahern undertook to accomplish a difficult task, should always be an inspiration to us in our moments of discouragement and indecision. The thorough insight, sympathy and understanding which she possessed, and her willingness at all times to extend a helping hand, a friendly word of advice or even a severe rebuke when the occasion warranted it, made her all the more dear to us — more like a mother and a very close friend rather than a superior executive officer.

Her profound knowledge, keen intelligence, exceptional powers of discernment and ability to adapt herself to the unforeseen, together with her ardent love for her work and the will continually to be of service to us who needed her assistance, will always be remembered by all her nurses. Her death leaves us all with a deep sense of loss and sorrow, but her memory will long be cherished and remembered.

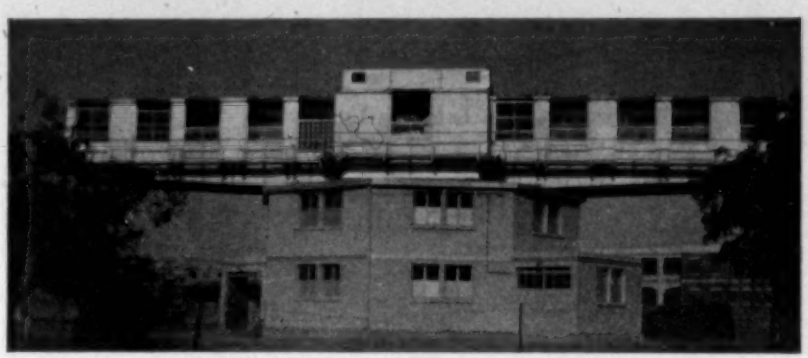
The Ranjit Institute of Poly-radio Therapy

EDITH H. PAULL

While in India, I made a visit to the Solarium in Jamnagar that impressed me so much I feel a short account of it would be of interest to my fellow nurses. In the entrance hall there is a striking allegorical picture of the Sun raining his beneficence on the Solarium. According to Hindu mythology, the sun is depicted as riding in a one-wheeled chariot, to which are yoked seven horses, controlled by reins of live serpents, thus giving the idea of serpentine speed. The chariot is driven by a legless charioteer. The analogy is that the seven horses are the seven kinds of rays which form the seven visible colours of the spectrum. The charioteer is himself motionless so that he may exercise control. The single wheel seems to turn at great speed and though the wave lengths of the radiations are unequal, they travel at the same velocity and the seven horses tied to the same yoke must maintain a uniform speed.

Some of the Solarium staff

The Solarium is mainly designed for heliotherapy, but is fitted with apparatus for artificial rays. Sunlight is utilized as much as possible, the cost being less, thus making treatment available to the poor. The building was designed by Dr. Jean Saidman, a great authority on ray therapy who had already built two solaria in France. The Solarium is built on a site where there is nothing to obstruct the sunlight, and is in daily use from sunrise till sundown, except when the weather is cloudy. It consists of two parts — a fixed portion and a revolving portion. The fixed part consists of two floors with eight



The Ranjit Institute of Poly-radio Therapy

rooms on each. On the ground floor is the doctor's consulting room, deep therapy treatment room, electric generating room and office; on the upper floor are rooms for the carbon arc lamp, ultra-violet ray, short Hertzian wave, and an artificial beach with sand and imaginary sea, where children sit together and receive ultra-violet treatment. The revolving portion consists of a tower, forty feet high, which revolves in a horizontal plane to face the sun. A platform is attached to the tower on which ten cabins are built, five in each wing. The walls and roof of the cabins have large windows and a glazed roof to let the sunlight in. On the roof are two sliding lids, one of sheet-iron and the other of glass. The outer walls of the cabins can disappear entirely by means of a sliding arrangement. Each cabin has a sofa which revolves in a vertical plane to receive the sun's rays perpendicularly. Above the sofa are glass concentrators fitted with different kinds of filters. Various kinds of artificial rays are also available so that treatment can be carried on even when there is no sun. There is an air-cooling arrangement near each sofa and, in every cabin, there is a shower bath. One cabin is specially fitted with ultra-violet filters in the roof and outer walls, to test defects in the skin; even a speck of dust or grease on one's dress shows up clearly in this room.

In the middle of the platform is the observatory and the apparatus for working the Solarium with one observer constantly in charge who records the variations every half-hour and controls the workings of the various meters and graphs during treatment. He also adjusts the control switch which moves the Solarium, so that it always faces the sun. Before any radiation treatment is given, the atmosphere and the time of the day are taken into account. A skin sensibility test is also carried out by the doctor, as the reaction of the skin to radiation varies so much that radiations which may be mild for one person may be strong for another. The measurement of this reaction enables the doctor to estimate the quantity of the particular type of radiation that can safely be administered. Dr. Saidman's automatic skin sensitometric test is used and the reactions are noted immediately, then after a few hours, and again after a few days.

The Solarium has been doing excellent and successful work ever since it was opened in 1934, and great credit is due to the director and to the doctors who have made a success of it. Some of the types of cases which have been successfully treated are surgical tu-

berculosis, osteomalacia, rickets, asthma, bronchitis, diseases of the nervous system, rheumatism, elephantiasis, neoplasms, arthritis, diseases of the eye, ear and nose, and all diseases of the skin. The Solarium is attached to the Irwin Hospital and thus has the advantage of its laboratory, electro-therapeutic department, and radium institute, all of which are helpful in diagnosis and investigation. The gratitude and blessings of the people must surely go out to his Highness the Maharaja of Nawanagar for making it possible for such treatment to be available to rich and poor alike.

Manitoba Steps Out

In every province of the Dominion the federal grant to the Canadian Nurses Association has made it possible to undertake sound and eminently practical educational projects. Not the least of these are the postgraduate courses sponsored by the Manitoba Association of Registered Nurses now being conducted in the University of Manitoba. These include administration, teaching and supervision in schools of nursing, and public health nursing. Eighteen students are enrolled and are pursuing their studies with enthusiasm. Excellent co-operation is being afforded by the various hospitals as well as by the public health nursing and social agencies. The duration of the courses corresponds to the academic year and includes actual field work.

In her capacity as director of the department of nursing in the University of Manitoba, Miss Hazel Keeler is in charge and associated with her, lecturer on public health nursing, is Miss Viola Leadlay. Both are exceptionally well qualified for the task they have undertaken. Miss Keeler is a graduate of the School of Nursing of the Vancouver General Hospital and, after taking the course in teaching and supervision offered by the McGill School for Graduate Nurses, later obtained her M. A. degree from Columbia University. She has also served successively as science instructor in her own school, as clinical supervisor in the University Hospital, Edmonton, and as director of nurses in the Women's College Hospital, Toronto. Miss Leadlay is a graduate of the Pasadena Hospital School of Nursing and holds the degree of B.Sc. in nursing education conferred by Columbia University. Since 1929 Miss Leadlay has been a member of the nursing staff of the Victorian Order of Nurses, first as staff nurse and later as nurse-in-charge of the Edmonton branch of the Order.

This new educational venture has received much commendation from the press and is being observed by the people of Manitoba with marked interest and approval.

Wedding Bells

After twenty years of most efficient service in the capacity of superintendent of the Brantford General Hospital, Muriel McKee is resigning in order to be married. Miss McKee is considered by competent authorities to be one of the most outstanding hospital administrators in Canada. Just a year ago, the American Hospital Association paid her the compliment of naming her as first vice-president and, within the last few months, she has been elected president of the Ontario Hospital Association, an office she still holds. She is also president of the Brantford Women's Canadian Club and takes an active part in other community enterprises.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

The Art of Leadership

ANNONCIADE MARTINEAU

In these tragic times, the word leadership is neither an empty or a meaningless word for the whole concerted effort of the United Nations is even now being exerted in order to decide whether our future form of government shall be a democracy or a dictatorship.

No attempt will be made in this article to offer a profound study of the various forms that leadership may take or even to make a comparison between those who possess an innate capacity for leadership and those who are obliged to acquire it. First of all, a few comments on the nature of the art of leadership will be made and then a few questions will be addressed to all nurses who are interested in public health, directors, supervisors and staff nurses, which perhaps may induce them to reflect a little on this subject.

According to Larousse and Webster, art is the application of knowledge acquired by study, experience and observation, to the realization of a concept which, in this instance, involves guidance, direction and command. Although the words leadership and administration have not exactly the same significance, it is difficult to lead without administering, or to administer without leading.

Although, in theory, it is easy to say with Ordway Tead, that the art of leadership is that activity by which people are induced to collaborate in attaining a goal because they have come to find it desirable, it may be less easy to put this principle into practice.

The art of leadership implies first organizing a piece of work, and then sharing it among the members of the staff in such a way that the aptitudes and capacities of each are directed towards accomplishing the task within a given time and to the satisfaction of all concerned. The various authors who have written on the science of administration hold divergent opinions on the means and methods which should be used to attain the desired goal. But they all agree that if an idea is to triumph, or a task is to be accomplished, it is essential to find a true leader — a leader who knows how to lead.

Whether this leader be democratic or autocratic in the exercise of his functions, and whether he be chosen or elected, he has certain duties, responsibilities and obligations to his staff and to the organization that he represents. If he is to fulfil his functions to the satisfaction of all concerned, he must put into practice the fundamental principles laid down by those who are capable of giving direction in the art of leadership. Accord-

ing to Henri Fayol, to administer means to plan, to organize, to command, to co-ordinate and to control. This simple and precise definition helps us to perceive the principles that are of the greatest value and, taking into consideration the two interested parties (organization and staff), let us now try to summarize the principles that apply to public health nursing: These include the effective organization and allocation of work; the sharing of responsibility and authority; the co-ordination of effort and of will, as well as the co-ordination of work; democratic supervision that will ensure good work and create a sense of security among the personnel.

Any nurse who assumes leadership knows that she must exercise great tact in handling her staff. She must not only possess the necessary technical skills but also, and to an even greater degree, the qualities essential to everyone who wishes to influence, advise and guide the conduct of other people. She must not forget that the success of the organization and the stability of the staff depends largely upon her. In the September issue of *The Canadian Nurse*, an article, entitled "Minimum requirements for employment in the field of public health nursing", points out that in addition to the qualities required from staff nurses, directors and supervisors must also possess executive ability and be capable of leadership.

What other qualities are desirable in a director? Should she have a desire to lead others, a taste for domination and command, or even the wish to see her own ideas prevail and to get her own way? We know very well that, from a psychological point of view, some people need definite command if they are to give of their best. Some experience greater satisfaction when they can impose their will on others—but is this truly an attribute of a leader? Among the characteristics and qualities put forward by writers like Ordway Tead, Arthur Jones and Jean des Vignes Rouges, I have found nothing more human than those enumerated by Alta Dines in a symposium on present and future leadership in nursing education, presented at the fortieth anniversary of the Division of Nursing Education, Teachers College, Columbia University.

Miss Dines quotes from "The Little Flowers of St. Francis":

> And in the morning his companions, knowing that St. Francis, by reason of the fatigues of that night passed without sleep, was very feeble in body, and would have ill borne to go afoot, went to a poor peasant of that countryside and, for love of God, craved the loan of his ass for St. Francis, their father, that could not go afoot. Then this honest fellow saddled the ass with great devotion and solicitude and led him to St. Francis, and with great reverence bade him mount thereon; and so they went their way, the peasant with them, behind his ass.
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> And after they had journeyed on a while, the peasant said to St. Francis, "Tell me, art thou that Friar Francis of Assisi?" And St. Francis answered "Yea." "Now strive then," said the peasant, "to be as good as thou art held to be by all folk, for many have great faith in thee; therefore I admonish thee that thou betray not the hopes men cherish of thee."

Miss Dines then goes on to ask what makes us willing followers and answers her own question thus:

> I venture to say that every nurse worthy of the name has responded with devotion to one or more of the nursing leaders from whom she has had help and inspiration. Concretely and abstractly, we followers in nursing respond to a greater or lesser degree to you leaders. "Now strive then, to be as good as thou art held to be by thy followers, for many have great faith in thee".
>
> We expect of you, our leaders, first, irreproachable character; second, superior knowledge in general; third, superior knowledge in nursing (you cannot know everything, but what you do know must be

sound and your mental processes alert to the new and the progressive); fourth, willingness to take responsibility for the accurate application of knowledge on the part of us whom you lead (the patients must be nursed; the hospital or organization must run, and efficiently; the more smoothly, the more promptly, the greater evidence of effective leadership); fifth, ability to inspire and retain loyalty, to lead willing followers with a greater degree of likeness than difference in the philosophy of work and its method of application among the group for whom you are responsible; sixth, ability to maintain harmonious working relations among those who differ honestly — to make use of honest differences which, if honestly studied and discussed, may lead to broader understanding and enlarging truth; seventh, the warmth of friendliness coupled with respectful restraint (there is no place in group leadership for partiality); eighth, decisiveness with reasoned judgment; ninth, ability to differentiate between the important and the unimportant; tenth, a sense of humour, which often saves the day; eleventh, tolerance; twelfth, enthusiasm, with vision; and, thirteenth, faith. "Now faith is the substance of things hoped for, the evidence of things not seen". Without faith, leadership is crippled.

Qualities such as these are not all likely to be found in the same person unless she has made an effort to cultivate them. If we are to carry on the task so well begun by those who preceded us, and to attain the goal we have set for ourselves, every one of us must work firmly and constantly to merit the title of leader. As St. Paul the Apostle writes in his Epistle to the Hebrews: "And we desire that everyone of you do shew the same diligence to the full assurance of hope unto the end: that ye be not slothful, but followers of them who through faith and patience inherit the promise".

Much could be said without arriving at any agreement, regarding the art of leadership, the conflicts created by the democratic philosophy, the inhumanity of authority, the qualities which need to be developed, and the principles that must be applied. But there is one point, however, on which all leaders think alike and that is the factor of the results obtained. The task must be accomplished. The work must be done.

Even though a director may have a good understanding of human conduct, she may sometimes have to deal with a person whose intentions are good but who does not clearly understand her duties. Yet, for administrative reasons, it may be necessary to retain the services of this person. How can the director obtain results without manifesting her authority? Who among us has not experienced this conflict? We could cite many ambiguous situations which involve thorny problems for those who lead us.

To be a leader demands aptitudes, knowledge and experience. One does not achieve leadership overnight and she who is called upon to become a leader should prepare herself to face heavy responsibilities.

To those who are interested (and by way of conclusion) let us put our questions, leaving to them the pleasure of responding:

1. *Staff nurses* — do we understand that, as public health nurses, we have assumed the task of leadership with all the responsibility that this involves and are we sure that we possess the necessary qualifications? If the answer is yes, let us serve to the utmost by the expression of our ideas as well as by our actions. If not, let us do our best to acquire these qualifications by means of study and observation, and then to direct our energies along progressive lines.

2. *Supervisors and directors* — while leading other nurses, are we also seeking to discover their potentialities for leadership as shown by their initiative and the expression of their own ideas? If so, what can we do to encourage them, and to induce them to give of their best to

their profession and to the community? For us, who are public health nurses, to master the art of leadership also means that we shall render better service.

Finally, when we are in command, do we always strive to rise to the level of our task and to be truly worthy of the confidence in which we are held?

Reflexions sur l'Art de Conduire

ANNONCIADE MARTINEAU

En ces temps tragiques, conduire n'est pas un vain mot, un mot vide de sens, car les efforts du pays et des nations alliées sont concertés afin de décider si les gouvernements, demain, auront une forme démocratique ou dictatoriale.

Ce n'est pas notre intention de procéder, dans cet article, à une étude approfondie des différentes méthodes de gouverner, des divers types de chef, ni de discuter si les qualités de chef sont innées ou acquises, mais de commenter quelque peu l'art de conduire et de poser, à toutes les infirmières intéressées à l'hygiène publique, directrices, surveillantes et visiteuses, quelques questions pour les inciter à réfléchir sur ce sujet.

Auparavant, il est tout de même bon de revoir un peu ce que nous entendons par l'art de conduire.

D'après Larousse et Webster, l'art est: l'application des connaissances acquises par l'étude, l'expérience et l'observation à la réalisation d'une conception, qui consiste en l'occurrence, à guider, à mener, à diriger et à commander, en un mot, à conduire ou à administrer. Sans avoir exactement la même signification, il est difficile de conduire sans administrer et d'administrer sans conduire.

S'il est facile, en théorie, de répéter avec Ordway Tead que: "l'art de conduire est l'activité par laquelle les gens sont influencés à collaborer à la réalisation d'un but parce qu'ils sont venue à le trouver désirable" (1) en pratique l'application est plus compliquée.

Conduire, c'est donc, organiser le travail et le repartir entre les membres d'un personnel, en tenant compte des aptitudes et des capacités de chacun, afin que la tâche s'accomplisse dans un temps déterminé et à la satisfaction du chef et des subordonnés.

Les différents auteurs qui ont écrit sur la science d'administration divergent d'opinion sur les méthodes, sur les moyens à prendre pour atteindre un but ou pour réaliser une oeuvre, mais ils sont unanimes à reconnaître que pour le triomphe d'une idée ou l'exécution d'une tâche, il est essentiel de trouver un vrai chef, un chef qui sache conduire.

Que ce chef soit démocrate ou autocrate dans l'exercice de ses fonctions, qu'il ait été choisi ou élu, car il n'est pas question ici de maitre, il a des devoirs, des responsabilités et des obligations envers son personnel et aussi envers l'organisation qu'il représente. Il n'ignore pas que pour remplir ses fonctions à la satisfaction de tous, employeur et employés, il lui faut mettre en pratique les principes fondamentaux posés par ceux qui nous donnent des directives dans cet art.

D'après Henri Fayol, administrer c'est: "Prévoir, organiser, commander, coordonner, et contrôler." (2) Nous entrevoyons par cette définition simple et précise les principes qu'il met en valeur. Essayons en tenant compte des deux partis intéressés, organisation et personnel, de résumer quels seraient ces principes pour le nursing en hygiène publique:

1. L'organisation et la répartition du travail.
2. Le partage des responsabilités et de l'autorité.
3. La coordination des efforts et des volontés de même que la coordination du travail.
4. Une surveillance démocratique afin d'assurer une exécution parfaite et le sens de la sécurité parmi le personnel.

L'infirmière qui est responsable de cette exécution sait qu'elle doit procéder avec beaucoup de doigté envers son personnel. Si elle doit posséder des qualités inhérentes à l'organisation technique, elle doit, à plus forte raison, posséder les qualités essentielles à toute personne qui désire influencer, conseiller et guider la conduite des gens. Elle n'ignore pas que d'elle dépend le succès de l'organisation et la stabilité du personnel.

Dans la revue de Septembre, dans "Minimum Requirements for Employment in the Field of Public Health Nursing", (3) à l'énumération des qualités nécessaires aux visiteuses, on ajoute que les surveillantes doivent être capable de conduire, et que les directrices doivent posséder des qualités marquées de chef et d'exécutrice. Quelles sont ces qualités supplémentaires que doit posséder l'infirmière chef? Peut-on dire que c'est le désir de conduire les autres, le goût de dominer, de commander, ou bien la volonté de voir son idée prévaloir ou faire son chemin?

Au point de vue psychologique, nous savons très bien que certaines personnes pour donner leur rendement ont besoin d'être commandées, tandis que d'autres éprouvent de la satisfaction à mener et à imposer leur volonté. Est-ce vraiment là l'attribut d'un chef?

Des caractéristiques et des qualités mises de l'avant par des auteurs tels que: Ordway Tead, Arthur Jones et Jean des Vignes Rouges, je n'ai trouvé rien de plus humain que celles énumérées par Miss Alta E. Dines dans un symposium, "Present and Future Leadership in Nursing Education" présenté à la quarantième réunion des Alumnae de la Division du Nursing de Teachers College, Columbia University. Elle s'est inspirée des paroles du paysan qui prêta son âne à St. François d'Assise: "Père, dites-moi la vérité; êtes-vous vraiment ce François d'Assise dont on parle tant? — Oui, répondit le Saint — Eh bien! reprit cet homme, croyez-moi, appliquez-vous à être aussi bon que les gens le disent, afin qu'ils ne soient pas trompés dans leur confiance."

Mlle Dines souligne que de tout temps nous rencontrons des chefs et des disciples et continue en disant: "Nous attendons de vous, nos chefs: 1. Un caractère irréprochable. 2. Une éducation supérieure. 3. Des connaissances supérieures en nursing (vous ne pouvez tout savoir, mais ce que vous savez doit être solide et votre esprit sans cesse sur le qui-vive quant aux progrès et aux théories nouvelles). 4. La complaisance d'assumer la responsabilité pour l'application exacte des connaissances de celles que vous conduisez (les patients doivent être soignés, l'hôpital, ou l'organisation doit fonctionner effectivement; plus on agit spontanément et avec aise, plus il est évident que la direction est efficace). 5. La faculté d'inspirer et de cultiver la loyauté en conduisant vos campagnes enclines à vous suivre avec la même philosophie du travail et avec les mêmes méthodes d'application que toutes celles du groupe dont vous êtes responsable. 6. L'habileté de maintenir des relations harmonieuses parmi celles qui sincèrement diffèrent d'opinions — de se servir de ces divergences de vues qui, après une étude et une discussion sérieuses, peuvent conduire à une meilleure compréhension et à une plus grande justesse d'idées. 7. La chaleur de l'amité jointe à une respectueuse contrainte (il n'y a pas de place pour la partialité dans la conduite d'un groupe). 8. Une capacité de décision accompagnée d'un jugement sain. 9. L'habilité à différencier l'important de l'insignifiant. 10. Le sens de l'humour qui souvent sauve la situation. 11. La tolérance. 12. L'enthousiasme accompagné de prévoyance. 13. La foi —'Or la foi est substance des choses qu'on espère, une conviction de celles qu'on ne voit point'. Sans la foi, la direction est boiteuse". (4).

Ces qualités, c'est indéniable, ne peuvent être réunies chez une même personne sans que celle-ci ait fait des efforts pour les cultiver. Continuer l'oeuvre humanitaire si bien échelonnée par nos devancières et atteindre l'objectif que nous nous sommes tracé incitent chacune d'entre nous à travailler ferme et constamment pour mériter le titre de chef. "Nous désirons que chacun de vous déploie le même zèle jusqu'à la fin, afin que vos espérances soient accomplies, en sorte que vous ne vous relachiez point, mais que vous imitiez ceux qui, par la foi et la persévérance, entrent dans l'héritage promis." (5)

On peut discourir longuement sur l'art de conduire, sur les conflits crées par la philosophie de l'école démocratique, sur l'inhumanité des autoritaires, sur les qualités à développer et sur les principes à appliquer sans être d'accord. Il est un point pourtant

sur lequel tous les chefs s'entendent; c'est sur le facteur rendement. Il faut que la tâche s'accomplisse.

Quoiqu'un chef ait une compréhension positive de la conduite humaine, s'il a à transiger avec une personne qui n'est peut-être pas de mauvaise foi, mais qui ne conçoit pas très bien son devoir et qui pour des raisons d'administration doit rester au servcie, que peut faire le chef, pour obtenir du rendement, sinon manifester son autorité? Qui n'a pas expérimenté ce conflit? Nous pourrions citer ainsi plusieurs situations ambigues qui posent des problèmes épineux aux chefs.

Etre chef demande des aptitudes, des connaissances et de l'expérience, aussi on ne devient pas chef du jour au lendemain, et celui ou celle qui est appelé à le devenir doit se préparer pour affronter ses lourdes responsabilités.

Aux intéressées, posons en terminant nos questions et laissons-leur le plaisir d'y répondre.

Infirmières-visiteuses, comprenons-nous que comme infirmières-visiteuses nous avons assumé la tâche de chef avec toutes les responsabilités sociales qui en découlent et possédons-nous les qualités nécessaires? Si oui, faisons-nous bénéficier nos semblables de nos capacités, par l'expression de nos idées et par nos actes. Sinon, essayons-nous de les acquérir par l'étude et l'observation et orientons-nous nos efforts vers le progrès.

Surveillantes et directrices, est-ce que nous cherchons en dirigeant, à découvrir les possibilités de chef que démontrent certaines infirmières par leur initiative et par leurs idées personnelles? Dans l'affirmative, que faisons-nous pour les encourager, les engager à s'affirmer afin qu'elles donnent le meilleur d'elles-mêmes à leur profession et à la société? Pour nous, infirmières hygiénistes, développer les qualités de chef, se perfectionner dans l'art de conduire, c'est encore mieux servir.

Quand nous sommes à un poste de commande, nous efforçons-nous toujours d'être à la hauteur de notre tâche et vraiment dignes de la confiance qu'on a mise en nous?

References

(1) Ordway Tead: The Art of Leadership Page 20.
(2) Luther Gulick and L. Urwick: Papers on the science of administration, Page 119.
(3) *The Canadian Nurse*, Sept. 1943, Page 586.
(4) The Nursing Education Bulletin, Feb. 1940, Page 35.
(5) Epitre de St. Paul aux Hébreux—VI, 11-12.

Editor's Note: The complete text of this article appears in English, on pages 33 to 36 inclusive, under the title of "The Art of Leadership".

A Great Lady

On December 21, 1943, word came of the passing of Mabel Hersey. The inspiring story of her life and work will, as is right and proper, be told later by the nurses of the Royal Victoria Hospital and its School of Nursing who are the inheritors of the noble tradition she created for them.

Yet there are other nurses, outside her immediate circle, who owe her a debt that now can never be paid. Her fireside was a refuge to many of us who had no one else to whom to turn. We never knew just why it did us so much good "to talk it over with Miss Hersey", but it always did. No matter how lonely or harassed you might be, you went away warmed and comforted. The gentle humour, the kindly tolerance, the endless patience, the inspired commonsense of the woman never failed you. And you knew that your confidence would never be betrayed for, above all else, and in the deepest sense of the word, Mabel Hersey was a great lady.

—E. J.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

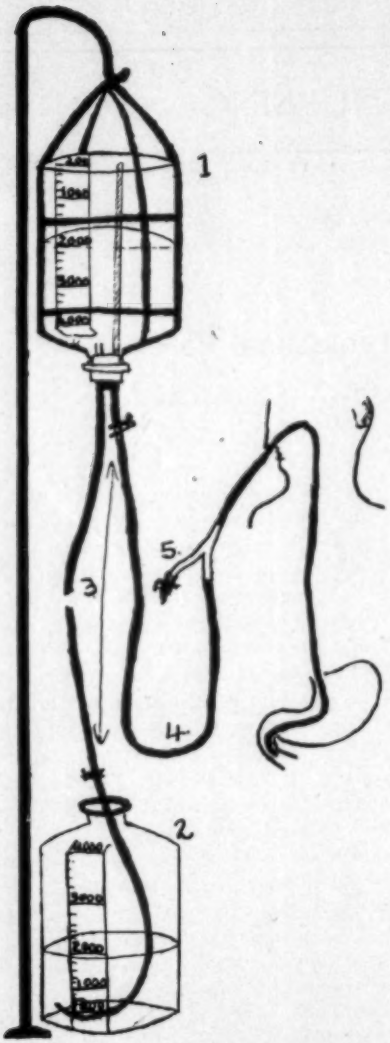
A Nursing Study of Intestinal Paresis

CLARA AITKENHEAD, EDNA LEE *and* HATTIE WOOD

When Mr. R. was admitted by ambulance, with a provisional diagnosis of bowel obstruction, he did not complain of much pain but there was a marked degree of shock, a thready irregular pulse of 160, shallow respirations, and a temperature of 97 degrees. His features were drawn and there was a sunken appearance at the temples. The history showed that nine years ago he had been treated in another hospital where he had undergone four operations: suturing a perforated duodenal ulcer, drainage and incision of a pelvic abscess, jejunostomy and ileostomy, and closure of a small bowel fistula. After a convalescence of three months, he had been discharged and had not missed a day's work until his present illness began.

The onset was very sudden and was accompanied by severe pain on the right side, with marked hyperacidity and abdominal distention. The patient also had a prickly sensation in the hands and feet, together with muscular cramps. Visible peristalsis was an interesting and unusual symptom and could readily be observed because of the patient's extreme emaciation. The abdomen first became very tense, the coils of bowel rising up like coiled rope, beginning at the hepatic flexure; these contractions lasted for about five minutes at a time.

Surgery was considered to be contraindicated because of the presence of extreme shock and a poor general condition and later because the intestinal condition became chronic and was thought to be complicated by a low-grade peritonitis. The Miller Abbott tube was immediately brought into use for reasons that can be more readily understood if its structure and functions are briefly reviewed. This tube is made of soft rubber with a metal tip at the distal end; it is ten feet long, No. 16 Fr., and is divided asymetrically by a partition throughout its length. The larger lumen allows for the passage of fluid to irrigate the tube in case of blocking with mucus or fecal matter; this lumen can also be used for the purpose of injecting fluid into the small intestine to act as a lavage if the patient is unable to swallow fluids. The smaller lumen allows for inflating air into a fine latex rubber balloon which is attached around the distal end. The proximal end of the tube is connected with a Y shaped metal attachment, one end of which is plainly marked "suction" thus designating the purpose of each lumen. Care should be taken not to inject fluid into the lumen leading to the balloon. The tube is marked at 45 centimeters, indicating the opening of the stomach; at 60 cent-



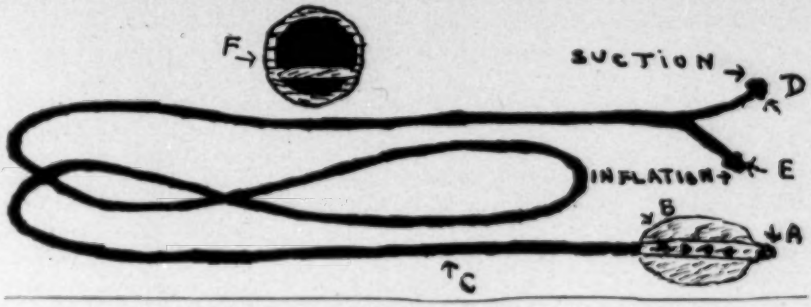
WANGENSTEEN SUCTION APPARATUS

(1) Vacuum bottle approximately three-quarters filled with water, the glass tube to be above level of water. (2) Drainage bottle containing sufficient water for immersion of end of tubing. (3) Clamps. (4) Levine tube. (5) "Y" connection and clamp to allow for injecting fluid, or irrigating, or for applying suction by means of a syringe, as described in the text.

imeters, indicating the pylorus; and at 75 centimeters, indicating the third portion of the duodenum. It is then marked at every foot to show the distance the tube has passed into the small intestine, up to seven feet.

The remaining equipment is the same as that used for Wangensteen suction and includes an irrigating stand; 2 brown winchesters with tubing; 2 clamps; a 20 c.c. syringe; a cotton container from which to suspend vacuum bottle from irrigating stand; emesis basin; a basin of solution for irrigating tube; a glass of water with drinking tube; adhesive, celluwipes and lubricant; protective covering for bed and patient. Incidentally, it is interesting to note that the mother of one of our patients who was also having this treatment invented an ingenious support for the vacuum bottle which proved to be much better than the cotton cover mentioned above. It is made of strips of strong webbing, about an inch wide; four vertical strips are connected with two horizontal strips and then fitted to the shape of the bottle. She made two of these supports and donated them to the hospital and they are proving to be very practical, readily washable, and do not soil easily.

It is important to remember that the use of the tube should be explained to the patient as the beneficial results will depend on his co-operation. If possible, the head of the bed should be elevated while the tube is being passed by the physician through the nose into the stomach. If the patient can swallow some water, the tube will pass more easily. When the tube has reached the pylorus the patient should be turned on his right side so as to facilitate the passage of the tube through the pylorus into the duodenum. A water-soluble lubricant should be applied to the end of the tube since oil is destructive to both the balloon and the tube. The tube is attached to the forehead with adhesive through a dou-



MILLER-ABBOTT TUBE

(a) Metal bulb with perforations; (b) balloon inflated; (c) double lumen rubber tube; (d) opening leading to suction and drainage lumen; (e) opening leading to balloon to permit injection of air for inflation; (f) cross section of tubing.

ble-faced loop so that it will easily slip backward and forward.

When the tube has reached the 75 centimeter mark, the balloon is inflated with air, injected by means of the 20 c.c. syringe attached to the proper connection. If the tube seems to coil in the stomach, drinking large amounts of water may cause the balloon to float and aid in directing it to the pylorus and thus into the duodenum. Suction is also started and the patient encouraged to drink clear fluids freely. Water should not be ice cold, and weak strained citrus fruit juices are valuable for their effect on the mucous membrane of the mouth helping to keep it fresh and stimulate the flow of saliva. Although the fluids are removed by suction and are therefore not retained long enough for much absorption to take place, the patient is unaware of this fact and feels some satisfaction in that they are not restricted. Oral hygiene is very important in order to prevent mouth infections and parotitis. Chewing gum exercises the muscles and stimulates the flow of saliva. Irritation of the nostrils can be prevented by the application of a lubricant.

The following precautions should be carefully observed:

The stopper in the vacuum bottle should always be secure and tight.

The end of the tube that is in the drainage bottle should always be submerged in water in order that no air may be drawn in and thus reach the vacuum bottle where it would displace water and give a false indication of the amount of gas coming from the patient.

There should always be sufficient water in the vacuum bottle to create suction; the less water there is, the less suction.

Check the tube frequently to see that it is not blocked with mucus or fecal matter. If necessary, irrigate by means of the syringe attached to the aspiration bottle.

When it is necessary to fill the vacuum bottle and to empty the drainage bottle, be sure to clamp off the tube to avoid introducing air. Suction should be established before unclamping the tube and, at this stage, the bottle should be cleansed well.

The nurse should note and record the type and amount of the drainage and also the amount of gas. To measure the amount of gas and fluid aspirated, the initial amount of fluid in both vacuum and drainage bottles should be noted. Calibrated bottles are used. When fluid only is aspirated, the level of the fluid in the vacuum bottle will remain constant. When gas is aspirated, fluid is displaced from the vacuum bottle and flows to the drainage bottle. The amount of gas aspirated can be measured by the amount of fluid thus displaced.

Although Mr. R. was most co-operative, difficulty was experienced in making the tube function satisfactorily. The drainage was a yellowish green fluid accompanied by much gas and having a foul odour and an x-ray plate of the abdomen showed that the tube had coiled in the stomach and had not gone into the duodenum as we had hoped. The tube was withdrawn two feet and then inserted to three and a half feet by very slow degrees. The drainage was still a dark yellow, accompanied by much gas. Sometimes the drainage was very thick and the suction did not seem strong enough to draw the fluid up through the tube. At these times we used a syringe, clamped off the tubing connecting the Miller Abbott tube with the suction bottle, and connected the syringe with the tubing which was used for cleansing the tube by forcing water through. The use of the syringe produced a much stronger suction, and as much as 600 c.cs. of thick dark yellow fluid would be withdrawn. By so doing, the abdominal distention was always lessened. However, a second abdominal plate revealed the same thing as the first, only to a more marked degree — the tube had coiled in six coils. The patient became very tired and suffered from persistent hiccough so it was decided that he would feel more comfortable if the tube were removed.

After Mr R. had rested for a time, Wangensteen suction was begun and gave so much relief that it was continued all night. The abdomen became softer and by morning Mr. R. actually complained of feeling hungry. Light nourishment was given and he was allowed to get up in the hope that the gas might move and thus relieve the distention which still persisted in the region of the stomach and the small intestine. Whenever he complained of discomfort, the suction was used at intervals with excellent effect.

The distention became less every day and the patient expelled gas without very much help from either prostigmine or enemata. On the seventh day after admission, a blood transfusion of 420 c.cs. was given, the diet was increased and the patient's condition was greatly improved. The attending physicians believed that a paresis of the intestine still existed but they were hopeful that this would gradually correct itself with the help of Vitamin B complex and liver injections daily. However it must be made clear that the ultimate outcome is still uncertain.

At this point it may of interest to review other features of Mr. R's case which were also somewhat unusual. On the day after admission, he again complained of a "pins and needles" sensation which began in the feet, then spread to the legs, arms and hands, accompanied by a tight sensation around the throat and with the fingers of the hands and arms going into carpal spasm. The pulse became very weak and a marked dyspnoea was present. The attack lasted for an hour and proved to be a tetanic seizure that was probably due to the effect of prolonged gastric suction which tended to deplete the calcium intake.

Oxygen was administrated internasally and calcium was given intravenously with the result that the patient at once reacted favourably. However, later in the same morning, while an intravenous was in progress, the attack returned. The patient's hands and feet became cold and rigid, the "pins and needles" sensation was present, his pulse became poor, the breathing difficult, and he was very restless. Calcium was again given along with the intravenous and also by mouth. In a short time, the breathing became better, the pulse volume improved and the rigidity disappeared. Concentrated Calcium A capsules were given daily to build up the calcium deficiency

and there were no further tetanic attacks.

The collapsed state of the veins presented great difficulty when intravenous injections were first attempted. For this reason, rectal feedings of glucose and saline were given. The third day showed a gradual increase of temperature to 101° (axillary) and a pulse of 110 to 125 of slightly better volume. On the fourth day the veins gradually became more prominent, the Murphy drip was discontinued and intravenous feedings were resumed. On the second day the patient had a small bowel movement consisting of minute particles of fecal matter and also expelled considerable flatus. Gradually the stools became soft and partially formed thus leading us to believe that the obstruction was beginning to disappear.

As yet we cannot be sure that Mr. R. will win out in his courageous struggle for life although the nurses who tried to help him certainly feel that he deserves to do so.

A Word of Praise for the C.N.A.

Editor's Note: The following paragraphs are taken from the text of an address given by Mrs. Rex Eaton at a meeting of the Ontario Hospital Association:

I wish to take this opportunity to congratulate the Canadian Nurses Association and its component Provincial Associations upon the highly commendable efforts they have made to foresee and to meet the effects of the war upon their profession. While there is no question of the serious situation of many hospitals, particularly rural hospitals, mental institutions and sanitoria in regard to their nursing staffs, yet I realize how much their far-seeing approach has meant to hospitals and the general public.

Some two years ago, the profession drew up its wartime programme. The Nurses Association took the initiative in approaching the Federal Government through the Department of Pensions and National Health for a grant to expend in recruiting student nurses in additional numbers, to upgrade nurses by means of special courses for supervisory and teaching positions, to inaugurate refresher courses for nurses who had left the profession and to set up a war emergency service under the capable direction of Miss Kathleen Ellis. In addition they have asked and secured from the Department of Labour, Dominion and Provincial grants-in-aid to student nurses, who may require financial assistance.

The Canadian Nurses Association conferred with National Selective Service on the labour exit policy and endorsed stringent conservation of Canadian nurses and nurses in training for Canadian needs and these policies have been put into effect. Without the steadfast support of the leaders of the nursing profession, I doubt whether the time-honoured custom of training and working in the United States could have been so drastically curtailed, particularly at a time when opportunities for work and training are so highly attractive. Through this policy, hundreds of nurses have been retained for Canada.

Under the direction of the Medical Procurement and Assignment Board, a survey of the needs for nursing personnel was carried out. Advantage was taken of the machinery of National Selective Service to conduct a registration of all graduate nurses in Canada in order that the supply could be compared with the demand. In two provinces the Registered Nurses Associations are conducting experiments in training courses for nurse aides, keeping the Department of Labour fully informed in order that future co-operation may be established, if necessary. Many provincial and local regulations, in effect over a period of years, have been abrogated for the time being by the provin-

cial and local Registered Nurses Associations in order to provide a greater flexibility in their placement and greater flexibility will yet be required.

In round figures 52,500 nurses were registered. Over 22,000 are employed as nurses, and of these, 10,800 are employed in hospitals. The majority of the remaining 30,500 are married. The resources in nursing personnel for hospitals are already shown to be in the private duty field and in the group of married women, large numbers of whom could only work part-time. Those who have left nursing for other lines of work are comparatively few in number and do not offer much hope of supply. The remaining resource is in the more extensive use of nurse aides, who would need to be recruited and trained.

I am of the opinion that progress will be made when hospitals and the Registered Nurses Associations confer together on the steps which should be taken. After all, it is only setting up of employer-employee relations at the highest level. The survey and registration outline the situation plainly enough for anyone to see all the implications and clearly indicate the required measures. There is no royal road to the solution. I believe that a beginning has been made toward such closer co-operation between the national organizations of the hospitals and the nurses and it seems to me highly desirable to follow this example provincially and even locally in order to deal with this definite problem now before us.

In Memory of Christina Watling

On Friday, November 12, 1943, Christina M. Watling died at the Central Division of the Montreal General Hospital. From the time of her graduation in 1909 Miss Watling was closely identified with the best interests of her profession. After earning an excellent reputation as a private duty nurse, she went overseas with Number 3 Canadian General Hospital in the first World War, her valour and devotion to duty being recognized by the award of the A.R.R.C. On her return to civilian life, she again threw herself whole-heartedly into all the activities of professional organizations. The Montreal Graduate Nurses Society owes much to her counsel and leadership and as president of the Alumnae Association of her own nursing school she gave wise guidance, afterwards serving on the executive and contributing the M.G.H. "news notes" to *The Canadian Nurse* for many years. Miss Watling also lent active support to the Nursing Service Bureau, believing it to be a step in our professional growth.

An ardent "maritimer", the interests of the Maritime Women's Club were hers, and she was a staunch church worker. Yet with all these activities, she still had time for a great circle of friends. By them, as by the Montreal General Hospital School for Nurses where she watched over staff and students for eight years, she will be greatly missed.

CATHERINE L. TOWNSEND
President
Alumnae Association, Montreal General Hospital School for Nurses.

Obituary

Announcement is made of the death of Lilian Dixon, a graduate of the School of Nursing of the Hamilton General Hospital and a member of the Class of 1914. During the first World War, Miss Dixon was attached to the Nursing Service of the Royal Canadian Army Medical Corps and served with distinction in Malta, and Salonika as well as in England. After her return to Canada she became a member of the nursing staff in a Canadian military hospital. In 1926, she was appointed by the United Fruit Company to the staff of the Company's hospital in Central America and was later transferred to Cuba, where for the past ten years she held the position of administrator.

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Teaching Anatomy and Physiology

ALICE K. RONAN, B.Sc.

Most of the scientific workers of Canada are concentrated in essential government and war work but still there is a trend which, year by year, is becoming increasingly evident towards the instruction of nurses in their basic sciences by persons who have had special scientific training. Formerly the doctors associated with the hospital were asked to give these lectures, and they gave willingly of their time and effort. Now that they are all so busy they are happy to be relieved of this task and the science instructors may have to undertake to teach anatomy and physiology, microbiology, pharmacology, preventive medicine and sometimes chemistry and psychology.

At the present time the course of studies for nurses in training is not standardized and the outstanding question is to decide what material is really essential to a nurse. In her own studies, the instructor may have covered courses given to medical students, and consequently her knowledge of the various subjects is much wider than that required of the student nurses. Yet she must bear in mind that the period of training is strenuous and necessarily practical. During those three years, the student is called upon to carry a heavy load, both mentally and physically and has little inclination or ability to absorb scientific knowledge outside the field which is her immediate concern. This means that her mind must be stimulated but at the same time the instruction must be kept as simple and concrete as possible. Facts must be presented in the most acceptable manner and those which are insignificant are best omitted.

The study of anatomy and physiology is undoubtedly the basis for all further study. The abnormal conditions, which after all constitute the ills and weaknesses of human flesh, cannot be properly understood unless the normal structure and function are fully explained. Hence anatomy and physiology is preferably given during the preclinical period. Moreover, during the preclinical period more time is available for study than later on in training. Four two-hour periods per week is considered to be a good allotment for this subject. The course then extends over eleven to twelve weeks. Every two weeks a quiz should be given on all the material covered to date. This ensures constant review on the part of the students.

Anatomy and physiology are inextricably related to the other subjects of the curriculum, but they are even more intimately related to one another. This explains why they are usually studied together as one subject rather than se-

parately. In a school where fifteen hours devoted to a subject constitutes one unit, anatomy and physiology is a four or five unit course and, by comparison, microbiology counts for two units, nursing arts and principles for six or seven units. The study of anatomy is a fascinating one and appeals to many students because there is no denying cold facts. On the other hand, physiology is actually more important because to a nurse, the structure of an organ is less important than its function. Physiology is not as easily defined and demonstrated as anatomy but it should be born in mind that physiology cannot be overemphasized.

It is wise to cover the whole subject in a preliminary fashion before considering any details. Such a survey encourages the students and demonstrates the fact that the make-up and workings of the body are not by any means beyond comprehension. The introduction should include many definitions since the terms commonly used are completely foreign to new students. There should be a discussion of biophysical and biochemical phenomena, the nature of protoplasm and of cells, the specialization of cells as tissues, the structure of organs and the characteristics of systems.

Although a good textbook is indispensable, it has been found that the majority of students also like to study the notes they take in class. However, dictation should be avoided at all costs, and the instructor should lecture from a full knowledge of the subject. Illustrations are of great assistance, especially sketches, and the students should be required to make careful drawings of any specimens which are available and to copy important drawings from their texts. Simple laboratory experiments can easily be arranged to demonstrate the physiology of heart action, vital capacity, and so on. Attendance at a few autopsies will serve to clarify the main structures. Study of preserved specimens, animal organs and the use of lantern slides and projected pictures are all helpful.

The systems of the body may be studied in almost any sequence. The skeletal system seems to attract first attention in most cases, possibly because it is somewhat more familiar to the average student nurse. Therefore she is broken in gently with further facts regarding the bones and led from one thing to another, her new knowledge always co-ordinated with the old. The muscles may be studied next as they are also concerned with keeping the body erect and making it move. The physiology of the muscular system warrants more time than was formerly assigned to it but the detailed study of the origin, insertion, nerve and blood supply is only of minor significance in practical nursing. The nervous and endocrine systems are responsible for the integration and control of the human body and as much time as possible should be devoted to them. It is advisable to mention the conditions which result from dysfunction of the different glands. The sense organs are best considered in conjunction with the nervous system.

The maintenance of the body depends upon the circulatory, respiratory, digestive and excretory systems. The anatomy of the organs of each system should be considered, and then the physiology of the whole system and of its parts. The study of the reproductive systems of the male and female should be handled carefully, completely and impersonally. It is a complex topic but if thoroughly understood at this time many difficulties will be eliminated. In every group there will be a certain amount of ignorance and the real problem lies in changing the incorrect impressions which abound. The development of the embryo and fetus may be touched upon but to do justice to embryology requires much pre-requisite information.

Notes from the National Office

Contributed by KATHLEEN W. ELLIS

General Secretary and National Adviser, The Canadian Nurses Association.

Meeting of the Executive Committee of the C.N.A.

A meeting of the Executive Committee of the Canadian Nurses Association was held in Montreal on November 18, 19, 20, 1943. Those present included:

The president, Miss M. Lindeburgh, in the chair; the past president, Miss Grace Fairley; first vice-president, Miss F. Munroe; honourary treasurer, Miss M. Jenkins; convener of committee on nursing education, Miss E. K. Russell; chairmen of sections: Miss M. Gibson, Hospital and School of Nursing; Miss L. Creelman, Public Health; Miss M. Baker, General Nursing; and the following councillors: Misses I. Johnson (Alta.); M. Diederichs (Sask.); C. Lynch (Man.); M. Walker (Ont.); E. Flanagan, Reverend Sister Decary and Misses M. Cantin and E. Killins (Que.); Reverend Sister Kerr and Miss M. Hunter (N. B.); Miss M. Ripley (N. S.); Miss E. Johns, editor and business manager of *The Canadian Nurse;* Mlle Juliette Trudel, French-speaking associate adviser; Miss K. W. Ellis, general secretary and national adviser, and Miss F. H. Walker, assistant secretary.

Upon invitation, Miss E. Smellie, Matron-in-Chief, R.C.A.M.C., Reverend Sister Valerie, vice-president, A.R.N.P.Q. (French), Miss M. Mathewson, convener, history of nursing committee, and the following provincial secretaries: Misses M. Street (Man.) M. Fitzgerald (Ont.) and E. F. Upton (Que.).

With one exception, all provincial associations were represented at this meeting.

On behalf of the Canadian Nurses Association, Miss Lindeburgh welcomed Miss K. W. Ellis to the meeting in her capacity as general secretary and national adviser. She introduced Miss Florence Walker, and spoke of the special contributions she has made already, as assistant secretary in National Office.

Committee on Nursing Education

Special note is made of four important studies that are in the hands of this committee:

(1) *Standards for post-graduate clinical teaching*: recommendations regarding these appear in the November, 1943 issue of *The Canadian Nurse*. The Committee on Nursing Education is anxious to receive information regarding existing postgraduate courses from the hospitals and schools of nursing giving these as a list is to be compiled as soon as possible.

(2) *Records for Schools of Nursing*: Under the leadership of Miss Ruth Thompson, chairman of the sub-committee on records, the study of section 1 of records for schools of nursing has been concluded. The records contained in this section have been distributed in the provinces. Due to pressure that exists at the present time, a decision was reached at the meeting of the Executive Committee that the study of further sections of school of nursing records should be delayed until such time as the National Executive feels adequate attention can be given to this work. It is understood that the study will be continued at National Office as soon as possible, when further help from Miss

Thompson is anticipated with appreciation. In the meantime, it is hoped that schools of nursing will try out the records in section 1 and report on their findings.

(3) *Registration Examinations*: This study has been carried on by the Hospital and School of Nursing Section. It is now agreed that recommendations as a result of the study will be prepared by the Committee on Nursing Education and sent to the provinces. In a number of these the revision of examinations for registration is being studied and assistance from these recommendations will be welcomed.

(4) *The study of the preparation of the professional nurse with consideration of the possibility of having more than one type of nurse*: Emphasis has been placed on the importance of bedside nursing and the need of the nurse being specially prepared for this important service. The Committee on Nursing Education has undertaken this study and it is hoped that some findings will be brought to the next meeting of the Executive Committee, C.N.A.

Highlights of Reports from Sections

General Nursing Section: In many provinces an increase in the membership in placement bureaux, directories and registries is reported. Some figures are available which indicate that private duty nurses have responded well to the appeal made to them to relieve in emergencies during vacations, and to give service in rural areas. Difficulty is reported in obtaining relief in sanatoria and mental hospitals. The good work being done by registries is emphasized. It is very desirable that these should expand to function as placement bureaux.

While definite improvements are noted in salaries and hours of duty for nurses, there is evidence of need for further adjustments; living and working conditions provided for nurses are still sometimes inadequate.

In her report the chairman referred to the desirability of a study being undertaken now on the rehabilitation of nurses in the post-war period. This ties in with the work of a reconstruction committee appointed by the Executive Committee, C.N.A.

Public Health Section: Staff education is reported as the subject to which special study is being given by the public health section for the remainder of the present biennium. The organization of two new sections, one in Prince Edward Island and one in Nova Scotia, are noted with satisfaction. The following recommendations relating to public health nurses were endorsed by the Executive Committee of the Canadian Nurses Association:

That as it is noted that salaries of the public health nurses in many places are not comparable to the minimum salary which has been recommended by the Canadian Nurses Association for the general staff nurse in hospital, therefore it is recommended that the minimum salary for the public health nurse without special training be $110 per month and the salary for the public health nurse with special training be $120 per month, and further that a system of yearly increments be established.

It is understood that so far as possible only nurses with special training should be taken into the public health field.

Hospital and School of Nursing Section: In addition to the report on examinations for nurse registration, the following general statements were made regarding progress in this field:

An increased interest in refresher courses, institutes and panel discussion is evidenced in all provinces. The importance of ward teaching is being emphasized in the programmes being carried on in many of them. The demand for teaching personnel to cope with the increased enrolment of students in schools of nursing is a major problem.

The Sub-committee on Instruction is being organized under a new convener.

It is suggested that this sub-committee may well concentrate on classroom problems, while the Hospital and School of Nursing Section directs its special attention more to administrative problems related to nursing service. These problems are of very great significance in the present crisis.

Reports of Special Committees

Very interesting reports were received at this meeting and important decisions were made. A general account of these will be given in this issue of the *Journal*. More detailed reports and recommendations will appear later.

Government Grant Committee

The Executive Committee, C.N.A., endorsed the action taken by the sub-committee of the Government Grant Committee: (1) in requesting a grant from the federal government for 1944-45; (2) in recommending that the policy of making an application for a grant each year be considered at the next biennial meeting. It is interesting to note how many of the activities reported by provincial associations have been made possible through the grant received from the federal government.

Bursary Awards

The bursary awards for this year up to October 31 were announced as 102 long-term bursaries and 25 short-term bursaries. The last date upon which courses, supported by short-term bursaries awarded for 1943-44 may be begun, has been extended to May 1, 1944. Some short-term bursaries are still available, and nurses are reminded again that these are awarded for clinical as well as other postgraduate courses. However, according to the ruling restated by the federal authorities, the purpose for which the bursaries are given limits their award to nurses to prepare themselves for some special field in nursing.

Loan Fund Committee

The Loan Fund Committee responsible for the award of loans reported that fourteen loans have been made by the Canadian Nurses Association in 1943, amounting to $4800.

Health Insurance and Nursing Service

A progress report on the activities of this committee was prepared by the chairman, Miss Alice Ahern. Owing to illness, Miss Ahern was unable to be present at the meeting. News of her sudden death has since been received with very deep regret.

Recommendations on Health Insurance and Nursing Service deal with plans for further study by each provincial association; continued publicity; legal advice, both national and provincial; and recommendations regarding a special session that is to be devoted to the study of health insurance at the biennial meeting of the Canadian Nurses Association in 1944.

For the guidance of provincial committees, it is recommended: that the Brief on Health Insurance and Nursing Service published in *The Canadian Nurse*, September, 1942, be used as a basis for planning for the organization that will be necessary in provinces. The Minutes of Proceedings and Evidence (see Pamphlet No. 7, Special Committee on Social Security, especially pages 200, 201 and 202) indicate the lines along which special planning should be done.

Subsidiary Nursing Groups

A resumé of conclusions reached as the result of the study that has been carried on by the special committee with assistance from the provinces has been accepted by the Executive Committee, C.N.A. This includes an outline of the course in practice and theory. This material is to be assembled in final form and sent to the provinces, for guidance only.

Throughout the study emphasis has been placed on the importance of established control of subsidiary workers. In the initial stages of the study the Executive Committee, C.N.A., approved the recommendation that each provincial association make an immediate effort to obtain licensing of all who work for the sick for hire. Furthermore, the committee responsible for the study recommends that provincial associations seek legal advice before implementing or sponsoring any course.

In approving the content of the study, the Executive of the Canadian Nurses Association has stated that the training of subsidiary nursing workers by professional nursing organizations should not be encouraged in provinces in which the development has not been initiated; furthermore, that it should not be expanded, in the provinces in which it has been begun, *until* protective legislation is obtained.

Special Committee of the C.N.A. to the Canadian Hospital Council

While action has not been taken yet by the Canadian Hospital Council regarding recommendations submitted by the Canadian Nurses Association (see *The Canadian Nurse*, November, 1943), these recommendations have already proved of great value in effecting satisfactory adjustments in a local situation that received a good deal of publicity.

Furthermore, the Executive Committee of the Canadian Nurses Association has communicated again with the Canadian Hospital Council emphasizing the urgency of immediate co-operation between these two national bodies and recommending similar co-operation between provincial hospital associations and provincial associations of registered nurses. It is recommended that these two bodies meet with provincial governments and hospital boards in a determined effort to establish minimum salaries and working conditions, as adopted by the Canadian Nurses Association. A desirable working relationship between the provincial associations of hospitals and nurses has already been established in some provinces.

Affiliation with Trade Unions

Nurses in a number of centres have reported being approached by representatives of Trades Unions and have asked for guidance in this matter. Those who attended the meeting of the executive committee approved the principle of collective bargaining, but felt that it should be conducted through national and provincial professional organizations. A special Labour Relations Committee has been appointed by the Executive Committee, C.N.A., to make an immediate study of the whole question in relation to the nursing profession. This committee is to report at the next meeting of the executive. It was decided that provincial associations should be notified of this action taken by the Canadian Nurses Association and their co-operation requested.

Committee on Reconstruction

The appointment of a Committee on

Reconstruction arose out of recommendations received from Mrs. MacWilliams, national chairman of a Sub-committee on Post War Problems of Women. The Committee on Reconstruction, C.N.A., is to include provincial representation and to proceed with an immediate study.

Exchange of Nurses Committee

Sixteen nurses are now serving in Great Britain and twenty whose applications have been accepted are either on their way or are making the necessary preparations for departure. Applications are still being received.

British Nurses Relief Fund

This fund continues to grow. A balance of $17,961.48 in addition to a bond of $5,000 is being held in reserve in Canada. The Executive Committee endorsed a recommendation that provinces be notified of this very satisfactory financial statement and that it be recommended that they do not make further collections for the present, but be ready to do so at any time should this become necessary again. Since the last statement was announced in the *Journal* the following donations have been received:

Alberta	$ 259.35
British Columbia	924.05
Manitoba	42.00
Nova Scotia	130.25
Ontario	2,625.90
Saskatchewan	20.00
Yukon Territory (Dawson)	30.00
	$4,031.55

A Special Appeal

At the Executive Committee meeting the importance of nurses accepting responsibility for the future of nursing was stressed. It was stated that this must include willingness on the part of individual members of the profession to give assistance and guidance when necessary.

The following recommendation, endorsed by the Executive Committee, C.N.A., suggests one way in which such practical assistance may be given: "that graduate and student nurses be urged to prepare themselves to teach first aid and home nursing for the two national voluntary organizations, namely, the St. John Ambulance Association and the Canadian Red Cross Society. Furthermore, that provincial associations of registered nurses be asked to make this request known to hospitals and schools of nursing."

International Council of Nurses

A letter from the President of the International Council of Nurses brings the welcome news that Miss Anna Schwarzenberg has again taken up her duties as executive secretary of the International Council of Nurses. Miss Schwarzenberg has already visited Canada unofficially and renewed former friendships and made new ones.

The Executive Committee welcomed Miss Grace Fairley, past president of the Canadian Nurses Association and a vice-president of the International Council of Nurses, to the executive meeting held in November. They were interested to hear of her impending conference with the President of the I.C.N. It is encouraging to feel that while contacts with nurses in other countries are still very limited, the possibilities of renewing these seem nearer each day.

Programme of National Adviser

A decision has been reached that the work formerly undertaken by the emergency nursing adviser will now be centralized in National Office. It is recommended that provincial associations follow a similar policy and centralize

all special activities in the provincial offices, as far as this is possible. However, it is recommended that special activities continue to be supported and that adequate provision be made for additional assistance in order that these may be carried on successfully. The need for appropriate and continued publicity to ensure a well informed public, as well as for recruitment purposes, is stressed.

In her report, the National Adviser paid great tribute to the enthusiastic co-operation afforded by provincial representatives in carrying on the special programme.

Associate French-speaking Adviser

Those who have been associated with Mlle Juliette Trudel in her work as French-speaking associate adviser will be very pleased to know that she is continuing the activities that she has carried on with so much enthusiasm and interest since the resignation of Mlle Giroux in 1942.

General Meeting, 1944

The Executive Committee has definitely confirmed the dates upon which the Biennial Meeting of the Canadian Nurses Association will be held as June 26 to July 1, 1944, with June 26 and July 1 given to meetings of the Executive Committee.

A special message of greetings and cordial wishes for 1944 is extended to readers of the *Journal* from National Office. It is hoped that the resolutions of readers for the New Year include one to cover plans for attendance at the twenty-second general meeting of the Canadian Nurses Association. Members of the Canadian Nurses Association look forward to meeting in Winnipeg in June, 1944.

A Message from Overseas

A happy event which took place between the business sessions of the Executive Committee of the C.N.A. was an informal subscription dinner held on Friday evening, November 19. At this dinner Lieutenant-Colonel Smellie, Matron-in-Chief, R.C.A.M.C., gave a delightful account of some of the highlights of her visit overseas. The messages of greetings which she brought from Nursing Sisters were most enthusiastically received by those present. Her very vivid and interesting description of her personal experiences, which are always such human ones, were very refreshing. Miss Smellie spoke of *The Canadian Nurse* as affording a most valuable professional contact of which many nurses overseas expressed appreciation. She reminded her audience that Nursing Sisters overseas are anxious to keep in touch with happenings at home and that letters from Canada are particularly welcome.

Summary of Provincial Reports

The following is a brief summary of some of the special activities and accomplishments outlined in the interim reports prepared by provincial associations for the meeting of the Executive Committee held on November 18, 19 and 20, 1943. From each of them we learn of new developments. A review of these reports offers an opportunity to exchange any ideas through the *Journal*.

Alberta Association of Registered Nurses: Through the work of a special committee, entrance requirements to schools of nursing relating to fees, uniforms and books have been brought to a more common basis. Entrance fees have been eliminated and uniforms are now supplied by the hospitals. A charge is made of $25 for books only. All hospitals are now giving a monthly allowance. It is felt that these adjustments will be of great assistance in the recruitment of students.

Through aid given by the federal grant, a ten-weeks course in administration for nurses is to begin early in 1944. This is being ar-

ranged for the special benefit of superintendents of small hospitals. Clinical courses in operating-room technique and obstetrical nursing are to be included.

Registered Nurses Association of British Columbia: A reorganization of the course for affiliation is being arranged at the Division of Tuberculosis Control, with a full-time instructor in charge. Students from five schools will benefit from this course. It is hoped that students from all approved schools in the province will be included shortly.

The R.N.A.B.C. is preparing a minimum curriculum. Its main function will be to serve as a measuring-rod in appraising the applications of graduate nurses seeking registration by reciprocity.

The Provincial Placement Service has opened a regional branch in Victoria, B. C. The primary function of the regional branches is to maintain directories for private duty nurses. Placement of nurses in hospitals and in industrial positions and with public health organizations is conducted through the Vancouver office. The work of the placement service is reported to be increasing rapidly. The main problem is distribution. It is stated that there is an increasing trend for nurses to congregate in the two large cities.

Manioba Association of Registered Nurses: Eighteen students are enrolled in the courses being given at the University of Manitoba under the able direction of Miss Hazel Keeler and Miss Viola Leadlay. These courses are in hospital administration, teaching and supervision and public health nursing. They have been made possible through the grant from the federal government.

Since June, 1942, 458 candidates have written qualifying examinations at the end of the first year of the course. Twenty students, or 4.4 per cent, have been eliminated because of failure to meet requirements. In support of the principle of qualifying examinations, it is stated that: there is an advantage in weak students being eliminated during the early part of the course; the policy of examining students at stated intervals is in harmony with accepted educational principles; the practice of conducting qualifying examinations tends to ensure the student receiving adequate instruction in basic subjects.

As an emergency wartime measure, a course for nurses' aides is being sponsored by the M.A.R.N. Fifteen young women are registered for the course. Plans for licensing and control of workers is being studied. This course has been initiated to meet the needs of hospitals in rural areas.

New Brunswick Association of Registered Nurses: A special course in psychiatry and a short institute in public health nursing and general education are reported. Two nurses have been assisted by scholarships from the Department of Health in New Brunswick and are now taking postgraduate courses in public health.

Registered Nurses Association of Nova Scotia: The annual fee has been increased to $3 per member and a full-time stenographer is now employed in the office of the registrar. Special plans for collaboration with the Maritime Hospital Association are also included in the programme decided upon at the last meeting of the executive committee. As part of a publicity programme, Nova Scotia co-operated with New Brunswick in financing a booth at the convention of the Maritime Hospital Association.

Registered Nurses Association of Ontario: The appointment of a recruitment officer is reported. This official will interpret the nursing profession, its opportunities and requirements to students in schools of nursing throughout the province, as well as to groups of young women, to Women's Institutes and other interested people.

Fifteen young women enrolled in the fourth demonstration course for "practical nurses" are now obtaining their practical experience. These courses are conducted under the direction of a full-time qualified instructor and sponsored by the Registered Nurses Association of Ontario.

Fifteen registries have been and two others are about to be organized in Ontario. The registry adviser and the organizations under her guidance are proving the value of their work. It is stated that more and more nurses are seeking advice in the solution of their problems.

Registered Nurses Association of Prince Edward Island: Schools of nursing on the Island have added courses in public health nursing to the curriculum. Three nurses from the provincial public health department spent one month at the poliomyelitis

clinic in Halifax. The Registered Nurses Association of Prince Edward Island has recently purchased a $300 victory bond.

Association of Registered Nurses of the Province of Quebec: The Registered Nurses' Act has recently been amended, with the inclusion of several desirable clauses. The organization of 12 districts is one of the most important changes provided. Beginning with 1945 only official delegates representing districts will have power to elect the Board of Management of the association. A revised waiver clause was in force until December 23, 1943, and a number of older nurses, all of whom are anxious to contribute to the war effort, have received registration since the amendments came into force.

Funds available through the grant from the Federal Government have made possible an extension of the educational work undertaken in the province. Two travelling instructors are assisting French schools, and one for English schools began her duties on September 1. Additional staff members have been appointed to the McGill School for Graduate Nurses and the University of Montreal and a course in public health nursing has been organized at Laval University.

The French Hospital and School of Nursing Section is sponsoring the preparation of a nursing text book. Plans are also being made for the translation of the text book entitled "Surgical Nursing", by Eliason, Ferguson and Farrand.

A provincial committee has been appointed to prepare course outlines for two types of workers: (1) the nurses' aide; (2) the ward helper, without nursing care responsibilities. The provincial programme includes sponsoring the "Parker School for Trained Attendants" which has been in operation in Montreal for a number of years.

The year 1943 will mark a record in new members, it being anticipated that the number will exceed 700.

The provincial office has recently moved to new quarters which provides more space. With its excellent equipment and organization it is a source of justifiable pride to the nurses of Quebec.

Saskatchewan Registered Nurses Association: Plans whereby senior students would be afforded affiliation experience in hospitals in rural areas have been approved by the Department of Health and University authorities and by the Council, Saskatchewan Registered Nurses Association. Provision is made to limit this experience to selected approved hospitals in which certain requirements are met. It is felt that senior students should benefit by this experience and also obtain contacts with hospitals in rural areas which should assist in overcoming reluctance to accept duty in them later. Hospitals now experiencing shortages would benefit from the assistance.

The Saskatchewan Registered Nurses Association has asked that should Bill 51 of 1943, the Trade Union and Industrial Arbitration Act, become effective, that members of the nursing profession be excluded from the provisions, scope and effect of this legislation. This proposed legislation is respecting the rights of employees to organize and provides for conciliation and arbitration of industrial disputes. It is understood that other professions have asked for similar exemption.

Through arrangements with the Provincial Department of Public Health, special lectures have been provided to conduct an intensive course of lectures in psychiatry for all schools of nursing in the province wishing to take advantage of these.

Government Aid for Student Nurses

Three provinces report subsidies granted to students through Dominion-Provincial aid, viz: Alberta, Quebec and Saskatchewan. In Alberta fifteen student nurses received aid to cover initial expenses (one hundred dollars being granted to each student.) Nine high school students were given a laboratory course in chemistry 11, and financial aid to cover transportation and living expenses while taking the course. In Quebec 71 student nurses were granted financial aid and fourteen high school students, whose admission to schools of nursing is assured, were assisted in securing high school leaving certificates. In Saskatchewan 17 student nurses have received $100 to assist them during the first year of the course. Arrangements for financial aid were only concluded in this province in August, 1943.

STUDENT NURSES PAGE

The Invisible Foe

ISOBEL MORRELL

Student Nurse
School of Nursing, Toronto General Hospital

A student nurse starting her training has vague, wonderful, and even fearsome ideas about the many situations she will encounter and, as in the case of so many other things, it is true that "a little knowledge is a dangerous thing". From the very beginning, the student nurse shrinks from contamination. She carefully scrubs her hands after caring for an extensive pressure sore. From diabetic gangrene she goes away thinking "not for me". So on through the many acute and chronic infections where evidence of contact can be seen, the student nurse vows that her health will never fall below par, never will she become victim to these robbers of life and happiness. All the while, in every ward of every hospital, one of health's greatest foes is spreading destruction among doctors, graduate nurses, employees —student nurses. A patient coughs in a student's face as she bends to straighten his bed. She is annoyed but only momentarily. More often than not, she excuses him on the grounds of ignorance and does nothing about instructing the patient in the danger of such acts.

Then, one day, the same student nurse, now a senior or late in her second year, is told "you are to have the advantage of special training in the nursing of tuberculosis patients". It may be routine or it may be quite unexpected. The student probably has had a short course of lectures in tuberculosis, lectures which seemed very dry and technical. She heard through a haze that the tubercle bacillus lives so many hours here, so many there. Tired from a hard day, she may have dozed off. No one has ever said to her forcibly enough that, by allowing her patients to become careless in their habits, she is actually inviting that silent foe — tuberculosis — especially if her own health is not excellent.

It is quite true that the student nurse in a general hospital is much more in danger than she would be in a sanatorium or a floor assigned to tuberculosis patients. It is likewise true that while she may be on the same footing as any business girl on starting her training, by the end of her three years (or long before) she will show by positive test that she has been exposed to tuberculosis even though she may never have been on duty in a tuberculosis ward.

One of the most interesting and impressive studies on this subject is that of Dr. Collins and Dr. McMillan on the incidence of tuberculosis among nurses affiliating at the Saint John Tuberculosis

Hospital. In 1935 they presented findings of an extensive survey and recommended (1) more thorough examination of entrants to training schools; (2) x-ray semi-annually or oftener if necessary for student nurses; (3) greater protection against unknown factors in hospitals. In 1939 there was an increase from 7 percent to 20 percent in those having negative tuberculin tests at the end of their course. Moreover there was an increase from 16 percent to 25 percent in those having negative tests on entrance. At this time there was a known increase in appearance of the negative test in all young people. But, in two groups which had similar home environment and background (one group consisting of student nurses and the other of vocational school students) eighty per cent of the student nurses had positive reactions as compared with forty per cent of the other group. There was a drop from 3 per cent to 9 per cent in morbidity, possibly due to more careful selection on entrance. But there was no drop, rather a slight increase after the probation period.

All of this proves conclusively that student nurses are more frequently exposed to tuberculosis than other girls of the same age group with similar background. In 1935 a survey of Canadian sanatoria showed that many graduate nurses were infected. Some of those who have thus broken down may have had pre-existing disease before, immediately after, or during training. So the problem still remains—the *student nurse* and tuberculosis.

Where is she subject to infection? Dr. Collins and Dr. McMillan have proven that all students taking the affiliation course in tuberculosis, mentioned in their study, were positive reactors *before* this course was taken. Infection acquired elsewhere than when nursing known cases is also reported in a survey of students at the Bellevue Hospital showing that the appearance of a positive reaction had no connection with the time spent on the tuberculosis service.

Much could be said about the technique and methods used in various sanatoria but since the greater danger to the student nurse is in the general hospital let us deal with that phase only, remembering that student nurses are at the age of eighteen to twenty-four when tuberculosis is most prevalent among young people. In order to afford protection for student nurses it is now routine practice in almost all training schools in Canada to have students thoroughly examined at the hospital on entrance. More and more hospitals now give x-ray examinations every six months to all positive reactors, both nurses and employees. This leads to early diagnosis and early successful treatment.

But to cut down even further the occurrence of the infection it is necessary to get at the source. Therefore, it is the unrecognized tuberculosis patient who is the real problem. Ideal conditions would mean chest plates of each and every admission with isolation of known cases. These conditions are not as yet practical or practised but medical men and laymen alike are working towards this end.

In the meantime, a great amount of preventive work can be done by education of the patient and of the hospital staff and, above all, of the student nurse. The student nurse cannot fight something she does not understand. Early in training she should be given repeated explanations of tuberculosis as an unseen foe and of her responsibility to herself and to her patients. The patient in a general hospital must be reminded to cough into a handkerchief and to wash his hands often and well. He must be taught by the nurse of the danger of infection to himself and to others. Greater still is the student nurse's responsibility to herself. Even if the recognized patients were isolated, even if they were taught to be careful, no plan is perfect.

If the student nurse is generally run down, if she is tired, losing weight from overwork, those few tubercle bacilli which *will* escape will be marked for her.

So it would seem that proper hours of rest and sleep, reasonable hours of work, well balanced and regular meals, strictest attention to personal health are really the important factors in stamping out tuberculosis among student nurses. The hospitals can watch us carefully and see that proper measures are taken on the appearance of infection. The training schools can help to provide suitable conditions with shorter working hours and adequate meals. But all will be weakened if each student does not make her own health her chief responsibility through personal care, through the education of others, through agitation for better conditions.

Tuberculosis is known to occur more frequently in student nurses than in other groups. It is not through affiliation and special training in tuberculosis nursing but in the general hospital that the danger is greatest. It is the hospital's responsibility to diagnose each case correctly and rapidly; it is the training school's responsibility to provide suitable living and working conditions; but it is the student nurse's own responsibility to stay in good health ready to fight infection. All three together could totally eliminate tuberculosis in student nurses.

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Notes from lectures received during writer's affiliation at the Toronto Hospital, Weston.

Keeping up with the Procession!

The School of Nursing of the University of Toronto, in co-operation with District 5, R.N.A.O., and the Toronto Central Registry, is offering a course of eight lectures on the developments in the field of medicine that are being given emphasis in wartime. These lectures are planned for eight successive Thursdays, according to the dates given below. Each lecture will be given twice: that is, at 1.30 p.m. and again at 8.30 p.m. A registration fee of $1.00 will be charged for the course. The schedule is as follows:

January 20, *Newer drugs and their use*: Dr. E. F. Brooks, junior demonstrator in medicine, University of Toronto.

January 27, *Recent developments in surgical procedure*: Dr. H. W. Wookey, assistant professor of surgery, University of Toronto.

February 3, *The nurse and the field of radiology*: Miss C. McCorquodale, supervisor, radiology department, Toronto General Hospital.

February 10, *Some aspects of the field of urology*: Dr. A. I. Willinsky, consultant in urology, Toronto Western Hospital.

February 17, *Geriatrics: some problems of the aged*: Dr. George S. Young, special lecturer in medical ethics and economics, University of Toronto.

February 24, *A demonstration of the adaptation of hospital nursing techniques to home needs*: Toronto branch of the Victorian Order of Nurses.

March 2, *The war and home life*: Mr. B. W. Heise, provincial superintendent, Children's Aid Branch, Department of Public Welfare.

March 9, *The significance of personal health*: Dr. J. A. McGeachy, health service, University of Toronto.

Book Reviews

Nutrition in Health and Disease, by Lenna F. Cooper, M.A., Chief, Department of Nutrition, Montefiore Hospital, New York; Edith M. Barber, M.S., Editor, Food Column, New York "Sun"; Helen S. Mitchell, Chief Nutritionist, Office of Foreign Relief and Rehabilitation Department. Ninth edition. 693 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office; Medical Arts Building, Montreal. Price $3.50.

A fairly extensive revision of this text has been undertaken in order to deal adequately with the nutritional problems incidental to wartime and, throughout the book, the preventive and remedial aspects of nutrition have been emphasized. The content is organized under the following captions: principles of nutrition; diet in disease; feeding of mother and child; nutrition and health service; food selection and cookery; cooking for the sick and for the convalescent; tabular material and special tests. It is therefore evident that this textbook has a wide field of usefulness in all branches of nursing. The public health nurse will find the units dealing with pregnancy and lactation, and with the nutritional requirements for children, particularly informative and useful. The chapter on deficiency diseases is brief but very informative. The book contains some excellent recipes for invalid cookery.

Flying Health, by Martyn Kafka, M.D. 243 pages. Illustrated. Published by The Military Service Publishing Company, 100 Telegraph Building, Harrisburg, Pennsylvania. Price $2.00.

Dr. Kafka was formerly a U. S. Army Air Corps flight surgeon and is therefore a specialist in his field. The book is written in popular style and is primarily intended for the use of army and civilian fliers. However, nurses are taking to the air in flying ambulances these days and there is much that would be of interest and practical value to them. Several chapters are devoted to ways and means of keeping physically fit and considerable attention is given to nutrition. The section dealing with tropical aviation affords at least an insight into the cause and prevention of such diseases as malaria and cholera. Snake bite is discussed at some length. The chapter on "Life in Altitude" explains the physiological effects, such as anoxia, against which precautions must be taken as well as the nature and cause of air sickness. The "pilot's heart" and "the eagle's eyes" come in for special attention and some light is shed on the mechanism of equilibrium. This book could certainly be read with profit by members of the Nursing Service of the R.C.A.F.

Kinetic Banadaging, by Seymour W. Meyer, M.D. 310 pages. Illustrated. Published by The Ryerson Press, 299 Queen St., West, Toronto. Price $4.40.

In the preface of this book Dr. Meyer makes a statement with which instructors of nurses will heartily agree: "The teaching of manipulative procedures by simple description is not an easy task, and is often fruitless". After setting forth the underlying principles in the introductory chapter, Dr. Meyer offers a large number of excellent line drawings which demonstrate the actual procedure very clearly. These should be most helpful to the instructor and could easily be adapted for use on the blackboard.

It has been a little disconcerting to find that lay practitioners of first-aid are sometimes more deft and skilful than nurses when it comes to applying bandages. This timely and thoroughly practical book will help us to revive a skill in which we should excel all others.

Nutritional Deficiencies, by John B. Youmans, M.D., M.S., Professor of Medicine, Vanderbilt University, Nashville, Tenn. Second Edition. 371 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price $6.00.

Although this book was published as recently as 1941, there has already been such a rapid advance in the field of nutrition that considerable new material is incorporated in the second edition. The principal aim of the author is to bring together such information

manpower

from women

WAR INDUSTRY requires a colossal supply of manpower. Already a large percentage of it is provided by a working army of women.

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as is necessary and helpful for a proper understanding and management of nutritional deficiencies. While vitamins naturally occupy a great part of the book, the nature, function and sources of various food factors is also given in such a manner as to afford the necessary background. The clinical phases of the nutritional diseases are duly taken into consideration and the chapter which deals with Vitamin D and calcium deficiencies (especially in relation to rickets) is particularly valuable to nurses. There is also a lucid exposition of protein deficiency that would serve an excellent background for nurses who are caring for patients receiving high protein diet. There is an excellent tabular summary which indicates the nature, function and dietary source of the various vitamins together with the pathology, clinical expression and treatment of the diseases caused by deficiency. This book constitutes a most valuable and authoritative reference and should be in the library of every school of nursing.

Management of the Cocoanut Grove Burns at the Massachusetts General Hospital, by members of the Medical Staff and their Staff Associates. 165 pages. Illustrated in colour. Published by the J. B. Lippincott Company; Canadian Office: Medical Arts Building, Montreal. Price $4.00.

It will be remembered that, in November 1942, a disastrous fire occurred at the Cocoanut Grove, a Boston night club. As a result, 491 people lost their lives and many were injured, a large number of whom were admitted to the Massachusetts General Hospital for treatment. The first chapter of this book describes the administrative measures taken by the hospital authorities. This outline deserves most careful reading because it contains a number of extremely practical suggestions for the efficient handling of similar emergencies.

One of the most interesting chapters is that which deals with neuropsychiatric observations. This analysis of varied types of reaction to physical injury and bereavement could be studied by nurses to great advantage since they are always in close contact with the patient and his friends in these times of crisis. Another very useful chapter deals with the immediate therapy of burns, including sedation. The high incidence of pulmonary burns accounted for many deaths and the patients who survived required very careful nursing. The treatment of the burned surfaces was simplified as much as possible and, as shown by superb coloured illustrations, surprisingly good results were obtained.

The general impression left by this extremely valuable book is that a terrifying emergency was brought under control with amazing skill, speed and efficiency. The quality of the team-work was outstanding and very high type of scientific research was consistently carried on throughout the whole episode. The keynote may be found in the prologue: "When external violence reaches epidemic proportions one is forced to think in practical and simple terms. So it has happened with burns".

Miss Jessie Wilson Goes to Brantford

Jessie Margaret Wilson will succeed Muriel McKee as superintendent of the Brantford General Hospital. Miss Wilson is herself a graduate of the School of Nursing conducted by this hospital and has also taken the course in administration and teaching offered by the School of Nursing of the University of Toronto. After serving for eight years as assistant superintendent and director of nursing, she left the Brantford General Hospital in 1937 in order to become superintendent of the Memorial Hospital, St. Thomas, Ontario.

Miss Wilson is a member of the British College of Nurses and of the American College of Hospital Administrators. She is actively interested in the Registered Nurses Association of Ontario and has served as chairman in District 1 and in Districts 2 and 3. She thus returns to her own hospital and school with a fund of knowledge and experience that will ensure her success.

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Nurses Come Back

Bless them! Thousands of nurses are coming back after years of professional inactivity to help out on busy hospital floors and in public health nursing offices and clinics, thus easing the strains caused by thinning ranks of registered nurses.

Hours contributed are usually taken from home and civic duties. since most of the nurses who come back are housewives, mothers, or grandmothers and are active in home and civic affairs. Others who help out are engaged in school nursing, office nursing, private duty or public health nursing.

These nurses who come back are doing all kinds of jobs. Some serve as relief nurses, pinch hitting for full time nurses on the staff on their hours, afternoons or Sundays off. A grandmother over three-score-ten years old likes to special fresh post-operatives or acutely ill patients who need constant watching. The majority of those who come back however are given assignments on hospital wards where the need for nurses is most acute. Some are oriented to the work through brief refresher courses. Others pick up the new techniques and procedures from working on the ward, under the supervision of a special supervisor, head nurse or a specially assigned senior staff nurse.

Wise use of this generously proffered service requires good administrative ability and broad-scale vision. No small amount of credit is due directors of busy nursing services who are adjusting schedules and programs of work to take advantage of the hours the nurse who comes back has to offer. They are creating wartime patterns for nursing through positive and creative planning and are doing an extraordinarily effective job in making available for military services the eligible young nurses who may still be on their staffs.

—*Professional Nursing*

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Hazel Durocher, a graduate of the Ottawa Civic Hospital, *Ethel Wilsey,* a graduate of the Children's Memorial Hospital, Montreal, and *Margaret A. McIvor,* a graduate of the Charlottetown Hospital, P.E.I., have been appointed temporarily to the Montreal staff.

Frances Hewgill, Mrs. Willer (Kathleen Fair), and *Edith M. Rose,* graduates of the Winnipeg General Hospital and *Norma Beckett,* a graduate of the Victoria General Hospital, Winnipeg, have been appointed temporarily to the Winnipeg staff.

Margaret McLean, a graduate of the Halifax Infirmary, has been appointed temporarily nurse-in-charge of the Canso Branch.

Dorothy Titus, a graduate of the General Hospital, Saint John, N. B., has been appointed temporarily nurse-in-charge of the Woodstock (N. B.) Branch.

Grace Clark, a graduate of Guelph General Hospital, has been appointed temporarily to the Kitchener staff.

Freda Swedlove, a graduate of Beth Israel Hospital, Boston, and of the course in public health nursing, University of Toronto has been appointed to the Kingston staff.

Fannie Cross, a graduate of the Brantford General Hospital, has been appointed temporarily to the Chatham (Ontario) staff.

Mabel Fillmore, who was previously employed on the Dartmouth staff and has been on leave of absence, has returned to the Order and has been appointed temporarily to the Moncton staff.

Mrs. Cornelia Etheridge, a graduate of the Ontario Hospital, Hamilton, has been appointed temporarily to the Calgary staff.

Mrs. Violet Beckwith, a graduate of the Miramichi Hospital, has been appointed temporarily to the Newcastle Branch.

Mrs. Burbank (Kathryn Porteous) and *Mrs. McIntyre* (Adele Campbell) have returned to the Order and are temporarily employed by the Dundas and Victoria Branches respectively.

Mrs. M. R. Hill has resigned as nurse-in-charge of the Canso Branch.

Helen Ferguson has resigned as nurse-in-charge of the North Bay Branch and has joined the R.C.A.F. Nursing Service.

Margaret Merriam has resigned from the Moncton staff and has accepted a position as an industrial nurse in Yarmouth.

Eileen Hennessey has resigned from the Hamilton staff and is taking postgraduate work in public health nursing.

May Deane-Freeman has resigned as nurse-in-charge of the Calgary Branch and has joined the R.C.A.M.C. Nursing Service.

Ethelyn Armstrong has resigned from the Saint John (N. B.) staff.

Irene Munroe has resigned from the Toronto staff.

Lucy Crafter has resigned as nurse-in-charge of the Oliver Branch to be married.

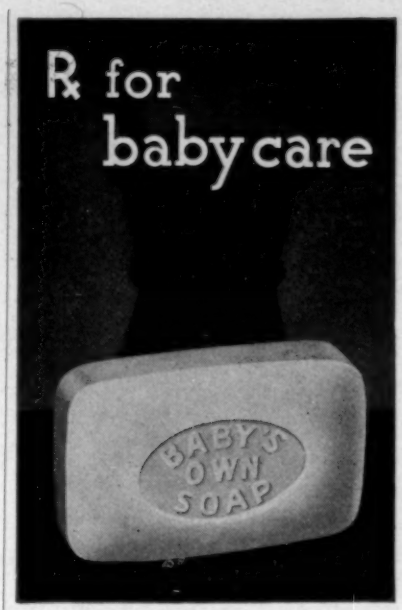
Margaret Crowe has resigned from the Toronto staff.

Mary Plishka has been transferred from the Winnipeg staff to the Oliver Branch as nurse-in-charge.

M.L.I.C. Nursing Service

Monette Gervais (St. François d'Assise Hospital, Quebec City) has recently been appointed to the Mount Royal nursing office in Montreal.

Octavie Prefontaine (St. Vincent de Paul Hospital and public health nursing course, University of Montreal), head nurse on the McGill nursing staff, Montreal, has been granted a four-months leave of absence to take a postgraduate course in public health administration and supervision at the McGill School for Graduate Nurses. Miss Prefontaine was granted a scholarship by the Metropolitan Life Insurance Company to assist her in this course.



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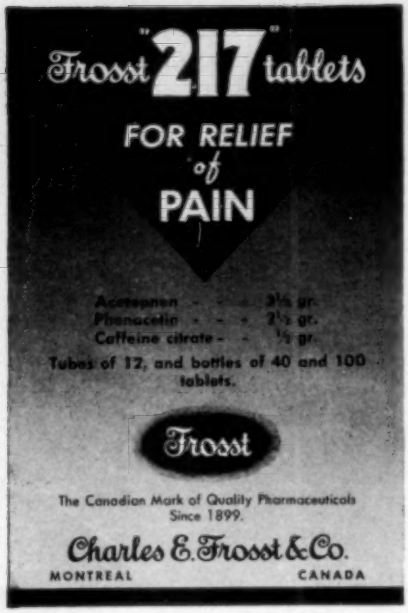

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

Placement Service

Information regarding positions for Registered Nurses in the Province of British Columbia may be obtained by writing to:

Elizabeth Braund, R.N., Director
Placement Service
1001 Vancouver Block, Vancouver, B.C.

NEWS NOTES

ALBERTA

EDMONTON:

At a regular monthly meeting of the Royal Alexandra Hospital Alumnae Association held recently, our guest speaker was Mrs. Cora Casselman, Member of Parliament for East Edmonton, whose topic was the proposed health insurance act.

BRITISH COLUMBIA

VANCOUVER:

A meeting of the Vancouver Chapter of the R.N.A.B.C. was held recently in the auditorium of St. Paul's Hospital. The guests of the evening included members of the North and West Vancouver Chapters. Highlights of the business meeting included a motion for the support of a recommendation made by the Local Council of Women that certain tax exemptions be granted to unmarried mothers. Miss M. Campbell was elected as representative to the Conference of Vancouver Women's School for Citizenship and Miss U. Whitehead was appointed co-ordinator with a sub-committeee of the legislative committee of the R.N.A.B.C. An interesting report from the Local Council of Women was given by Miss A. McLellan.

Following the business meeting, a lively panel discussion of the brief concerning the revision of the British Columbia Registered Nurses Act was led by Miss E. Mallory, professor in the Department of Nursing at the University of British Columbia. Secondary school education was discussed by Miss M. Castleman, councillor of Girls at Kitsilano High School; Mr. Smith, high school principal; and Mr. Straith, of the Department of Measures of the Vancouver School Board. Much informative and enlightening material regarding the educational standards of prospective nurses and the meaning and value of both high school graduation and University entrance was brought to light.

NEW BRUNSWICK

Instructors and superintendents of nursing schools from all parts of New Brunswick attended a very successful institute recently held at the School for Nurses of the Saint John General Hospital. The programme included a series of lectures in psychiatry given by Dr. E. C. Menzies, superintendent of the Provincial Hospital for mental diseases. A most interesting clinic was also held at the Provincial Hospital where the various types and phases of mental diseases were demonstrated. The other items on the programme included a most informative lecture and discussion under the leadership of Miss Jessie I. Lawson of the Saint John

High School staff. Due to Miss Lawson's unusual interest and long experience in the field of general education her contribution was most valuable. One morning was devoted to a discussion on correlating public health more successfully into our school curriculum. Miss Florence Greenaway, supervisor of the V.O.N., Saint John, and Miss Muriel Hunter, nursing supervisor for the New Brunswick Department of Health, took charge of this part of the programme. The final item was a round table on general school topics. Miss Marion Myers, chairman of the Hospital and School of Nursing Section for New Brunswick, was general convener and conducted the round table.

NOVA SCOTIA

The Halifax Branch, R.N.A.N.S., recently held a meeting with the president, Miss Lillian Grady, in the chair. An interesting talk was given by Dr. Florence Murray on medical practice in Korea. A lecture was recently given by Lt. Surgeon Robert MacDonald on fever therapy. After an inspection of the fever cabinets, refreshments were served by the staff of Camp Hill Hospital.

The public health and welfare committee of the City of Halifax recently appointed Miss Kathleen Dickson as supervisor of nurses. Miss Dickson is a graduate of the Royal Victoria Hospital, Montreal, and has had two years postgraduate work at the McGill School for Graduate Nurses. She has taught at the Royal Victoria and Brockville General Hospitals and for four years was with the V.O.N. in Montreal. She served for five years at the Montreal division of the Royal Edward Laurentian Hospital. As supervisor of nurses, she has a staff of 20. District and schools are now combined into 13 divisions. Two nurses act as "floats" and five are doing house-to-house immunization. These nurses will soon begin work in the suburbs, in co-operation with the county medical officer.

Miss Jean Dunning, registrar of the Provincial Association, has resumed her duties following an extended leave of absence. Miss Nancy Watson relieved during Miss Dunning's absence. Miss Jean Forbes, supervisor of the V.O.N., is taking a postgraduate course in public health at Columbia University.

The following are taking postgraduate courses in public health nursing: Miss Whebby, at the Victoria General Hospital; Miss Hosterman, at the Children's Hospital; Misses Gibson, M. Smith, R. Butler, Shofer, at the Halifax Infirmary; C. MacDougall, at the Hamilton General Hospital; in teaching and supervision: Miss Lytle, at Highland View Hospital, Amherst; in operating room supervision: Mary Floyd, at St. Joseph's Hospital, Glace Bay.

Mrs. W. S. Beattie was elected president of the Nova Scotia Branch of the Overseas

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New Improved Ovaltine presents a valuable contribution to the dietary called for by pregnancy. During this period, when the need for essential nutrients is sharply raised, and when gastrointestinal disturbances are so easily brought about, the balanced composition and the chemical as well as mechanical blandness of this delicious food drink are highly advantageous.

Through the use of New Improved Ovaltine as soon as pregnancy is known to exist, the danger of nutritional insufficiency is readily obviated. Ovaltine supplies virtually all of the essential nutrients, and especially those required in greater amounts during pregnancy.

Its low curd tension and ready digestibility make it easily tolerated even when other foods may be refused. And aversion to milk, always a problem in prenatal care, is quickly overcome by the appealing, attractive taste of Ovaltine.

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For information apply to:

School for Graduate Nurses
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THE VICTORIAN ORDER OF NURSES FOR CANADA

Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from registered nurses with post-graduate preparation in public health nursing and with or without experience.

Registered nurses without preparation will be considered for temporary employment.

Apply to:

Miss Maude H. Hall

Acting Chief Superintendent
114 Wellington Street,
Ottawa.

Nursing Sisters Association at their recent annual meeting. Miss Marjorie Jenkins and Miss Miriam Ripley attended the recent executive meeting of the C.N.A. in Montreal.

ONTARIO

Districts 2 and 3

The Brantford General Hospital Alumnae Association joined with the student nurses and the Women's Hospital Aid recently to hold a reception for their retiring administrator, Miss E. Muriel McKee. The large gathering met in honour of our superintendent's 20 years of service. Many out-of-town guests were also present.

Our sorrow at losing Miss McKee is appeased only by the fact that Miss Jessie Wilson is taking over the position. Miss Wilson is one of our own graduates and has been superintendent of the St. Thomas Memorial Hospital for the last five years. We welcome her back home.

District 4

A refresher course, recently conducted by the Hamilton Community Registry, for nurses returning to active work was featured by a number of very instructive lectures and a capacity attendance. Four hundred nurses registered at St. Joseph's Hospital and the Hamilton General Hospital for the course. The subject matter included obstetrics and gynaecology, demonstrations in nursing procedures, and recent advances in drug therapy. A chest of flatware, raffled by the Registry, was drawn for recently to augment registry funds. The winner was Mrs. Boys.

District 5

The fall meeting of District 5, R.N.A.O., was held recently in the Young Women's Christian Association Building, Toronto. During the afternoon, section meetings were held concurrently. At the meeting of the public health section Miss Louise Tucker, section convener ,was in the chair. Mr. J. A. Leroux, director of the division of venereal disease control for Ontario, spoke on venereal disease control in Ontario. In the general nursing section Miss Mary Hughes, section convener, presented Mr. E. G. Osborne, of the Income Tax Department, to a group of 45 nurses. A discussion followed on income tax in relation to the private duty nurse. The hospital and school of nursing section with Miss Blanche McPhedran, section convener, in the chair, held a joint meeting with the committee on instruction. The following subjects were discussed: growth and development of professional organization (Miss McPhedran); objectives of the committee

on instruction (Miss Miriam Gibson); extracts from the recent American Dietetic Wartime Conference (Miss Wark). The Y.W.C.A. cafeteria and lounge facilities were made available to the group until the evening session convened.

The district chairman, Miss Kathleen McNamara, presided at the evening meeting. After a short devotional period and a business meeting, Miss Dorothy Fox, one of our District members, spoke on nursing in wartime China. Miss Fox took us in a very interesting manner through her four years of nursing in West China, helping us to see the handicaps under which the profession is carrying on and to feel the opportunity for service in sharing our good fortune.

District 6

At a recent meeting of the Nicholls Hospital Alumnae Association the following members were elected to serve during the coming year: honourary presidents, Mrs. E. M. Leeson, Miss E. G. Young; president, Lottie Ball; first vice-president, Marv Armstrong; second vice-president, Isabel King; secretary, Jean Preston; treasurer, Mrs. Conway; corresponding secretary, Mary E. Ross; flower convener, Margaret Beavis; social committee, Mrs. Campbell, Betty Beer; nominating committee, Mae Renwick; representative to Local Council of Women, Mrs. McLaren.

District 7

The quarterly meeting of District 7, R.N.A.O., was held recently at the Ontario Hospital, Kingston. Approximately 60 members were present. Unfortunately, due to shortage of staff and difficulty in travel, representatives were not present from either the Perth, Smiths Falls or Brockville Chapters but reports were received and read.

A report of the R.N.A.O. Board of Directors' meeting was given by the chairman. The guest speaker, Dr. D. S. Puffer, public health officer for Kingston, gave an interesting and inspiring address on the progress of public health. Mrs. Dorothy Ferguson gave an excellent report on the membership campaign from which good results will surely be forthcoming. At the close of the meeting a delightful lunch was served in the nurses residence.

District 8

At a recent general meeting of District 8, R.N.A.O., aspects of juvenile delinquency in wartime were discussed by Judge Allan Fraser of the Ottawa Juvenile Court. The well-attended meeting was presided over by Miss P. Walker. Reports of the sections were given by their respective chair-

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ORTHOPEDIC NURSING

By **Robert V. Funsten, M.D.**, Professor of Orthopedic Surgery, University of Virginia Medical School and **Carmelita Calderwood, R.N., A.B.**, Consultant in Orthopedic Nursing, National League of Nursing Education, New York. 602 pages with 181 Text Illustrations. $4.25.

From the Preface:

"This textbook is presented in an attempt to bring together in one volume the background of medical information and nursing techniques necessary to assist the nurse in caring for the orthopedic patient . . . Principles remain constant, only techniques vary. Recognizing this, the authors have sought to place emphasis upon established principles of knowledge and procedure."

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REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia will be held March 21, 22, and 23, 1944.

Names of Candidates for this examination must be in the office of the Registrar not later than February 21, 1944.

Full particulars may be obtained from:

ALICE L. WRIGHT, R.N., Registrar

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men and a special report was presented and discussed by Miss Jean Church, convener of the membership committee.

District 9

Nurses from our Chapter now engaged in military nursing service are as follows: Doreen Boughton, Alice Brown, Evelyn Houston, Fannie Arnott, Bernice McKinnon, and Florence O'Shaughnessy.

The Kirkland Lake Chapter recently held a very successful bridge and euchre instead of having their regular monthly meeting.

QUEBEC

Montreal:

As previously mentioned in the *Journal*, the Association of Registered Nurses of the Province of Quebec awarded a year's subscription to *The Canadian Nurse* to twenty-five nurses who achieved the highest standing in the recent registration examinations. The lucky recipients were: *Montreal General Hospital*: Mary D. Burt, Joyce Browne, Joan D. Clarkson, Edith Groundwater, Mary C. McDermott, Elizabeth Colley, Kathleen A. Walker; *Royal Victoria Hospital*: Edith J. Green, Elizabeth M. Hebb, Marion Hatcher, Pauline Neville, Mary H. Goodfellow, Gertrude E. Winch, M. Bernice Stewart; *Sherbrooke Hospital*: Margaret A. Drummond; *St. Mary's Hospital*: Mary Hayes, Margaret McKay, Claire J. Macdonald, Cecil Coolican; *Woman's General Hospital*: Reva Lightstone, Frances Fowler; *Homoeopathic Hospital*: F. Leah Henshaw, Eileen Burrows; *Jeffery Hale's Hospital*: Norma I. Fulton: *King Edward VII Memorial Hospital, Bermuda*: Elizabeth Hutchings.

Montreal General Hospital:

A group of graduates of the Montreal General Hospital School for Nurses presented a cheque for $4056 to the Salvation Army to purchase a mobile canteen for service overseas. The mobile canteen is to bear a plaque with the name "Montreal General Hospital Graduate Nurses' Mobile Canteen."

McGill School for Graduate Nurses:

A general meeting of the Alumnae Association of the McGill School for Graduate Nurses was held recently. Miss Mary Mathewson gave a brief interesting review of the history of the School. The Silver Jubilee of the School will be celebrated in 1946 when it is hoped it will be possible for graduates from far and near to meet. Following the meeting the students of this year were welcomed by the president, and a social hour followed.

Lieut.-Col. Elizabeth Smellie, Matron-in-Chief, R.C.A.M.C., recently visited the School and addressed the students. Miss Gertrude Hall (P.H.N., 1924), who is now

WANTED

General Duty Nurses are required for a 65-bed General Hospital. Six-day week. The salary is $75 per month, with full maintenance. Apply to:

The Superintendent, Lady Minto Hospital, Cochrane, Ont.

WANTED

Applications are invited for the position of **Lady Superintendent** for a 40-bed hospital. Applicants will please state age, experience, qualifications, salary desired, and when services would be available.

A **Laboratory** and **X-Ray Technician** and **Operating Room Nurse** are also required. Address applications to:

Secretary, Kentville Hospital Association, Kentville, N.S.

WANTED

A **Night Supervisor** is required for 120-bed hospital. Position vacant on February 1, 1944. The salary is $100, plus full maintenance. Apply to:

The Superintendent of Nurses, Galt Hospital, Lethbridge, Alta.

WANTED

A **Graduate Registered Nurse** is required to take charge of the **Children's Cottage** of the **Toronto Hospital for Tuberculosis, Weston, Ontario.** The Cottage accommodates 25, ranging from infants to children of five years of age.

Graduate Registered Nurses are also required for **General Floor Duty.**

Apply, stating experience, qualifications, and salary desired, to:
Miss Alberta Bell, Superintendent of Nurses, Toronto Hospital for Tuberculosis, Weston, Ontario.

WANTED

Vancouver General Hospital desires applications from registered nurses for **General Duty.** Please state in first letter date of graduation, experience, references, etc. and when services would be available. Eight-hour day and six-day week. Other details and salary information will be given. Apply to:

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WANTED

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WANTED

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director of nursing in the Health Department, Winnipeg, also visited and addressed the students. Other visitors included Clara Preston from China (Teaching, 1928), Mrs. Salisbury (Evelyn Archer, T. & S., 1942), and Ethel Grindley (P.H.N., 1937).

Rahno Mary Beamish (Administration, 1928) has resigned from the Toronto Western Hospital and is now superintendent of St. Thomas Memorial Hospital, Ontario.

SASKATCHEWAN

SASKATOON:

Anyone who has observed the results of the Kenny treatment for poliomyelitis cannot but be impressed at the superiority of this method over the previous method of treatment, said Dr. H. D. Hart, who addressed the members of the St. Paul's School of Nursing Alumni Association at their December meeting. Recently returned from the Elizabeth Kenny Institute in Minneapolis, Dr. Hart led a panel of speakers on the subject of poliomyelitis. Describing by means of diagrams the differences between the former concept of the disease and that advanced by Sister Kenny, he pointed out that while the treatment did not cure the disease it did prevent disabling deformities and allowed the patient to return to active life without the assistance of mechanical apparatus. An outline of the Provincial Government's program for control and treatment of the disease, a feature of which is free hospitalization, concluded his portion of the discussion. The importance of physiotherapy in the treatment of the disease was then outlined by Mr. Jerry Smithwick. He discussed the progressive plan of muscle re-education, beginning with tendon stimulation, then the passive motions, and finally the active motions. Miss M. Pierce, one of the two nurses sent last year to Chicago by the Department of Public Health fo. special training in the nursing care of poliomyelitis, concluded the discussion with a description of the nursing procedu es and techniques. She described the special equipment used, explaining each phase of the treatment.

Mr. Felix Lafferty, president of the association, introduced the speakers and expressed appreciation of their interesting discussions. The program followed a luncheon which is to be a feature of the new series of monthly meetings. Also featured at each meeting will be a period devoted to medical and nursing topics. In addition to speakers, coloured sound films have been arranged for subsequent meetings. All graduate nurses in the city are cordially invited to attend the educational portion of the meetings, to be held the first Tuesday of each month at eight o'clock in the nurses residence.

Official Directory

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